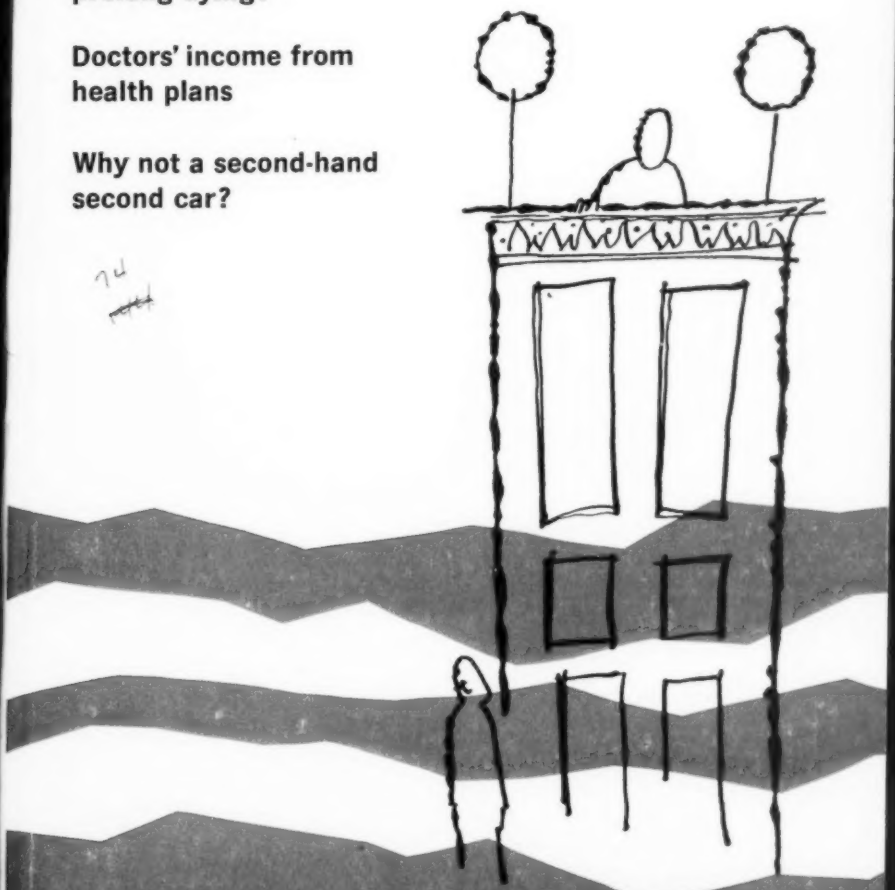
Medical Economics

Published every other Monday • Issue of November 7, 1960

Have we the right to prolong dying?

Doctors' income from health plans

Why not a second-hand second car?



What to expect if you're sued

XUM



Alertonic alerts the mind tones the body

here's why: Each day's dose of Alertonic (3 tablespoonfuls) contains:

a mild psychic stimulant: Meratran (pipradrol) Hydrochloride, 2 mg.

abundant vitamins & minerals: Vitamin B_1 (Thiamine Hydrochloride), 10 mg.; Vitamin B_2 (Riboflavin), 5 mg.; Vitamin B_6 (Pyridoxine Hydrochloride), 1 mg.; Niacinamide, 50 mg.; Choline, 100 mg.; Inositol, 100 mg.; Iodine (as Potassium Iodide), 1 mg.; Calcium Glycerophosphate, 100 mg. and one milligram of each of the following: cobalt, manganese, magnesium, zinc, molybdenum.

in a rich 15% alcohol base

Dosage: One tablespoonful t.i.d. 30 minutes before meals.

Supplied: Pint bottles, on Rx only.

To date more than 30 million doses have been prescribed.

Merrell

THE WM. S. MERRELL COMPANY
CINCINNATI, OHIO • ST. THOMAS, ONTARIO

TRADEMARKS: ALERTONIC®, MERATRAN®

What's ahead for you

"FEATHERBEDDING BY G.P.s" is something you'll be hearing more about. Dr. Robert S. Myers of the American College of Surgeons describes it as a latter-day substitute for fee splitting. Referring G.P.s, he says, often require surgeons to reduce their own fees and give the G.P.s some "made-work"; thus the G.P.s can send big bills too. "Made-work," Myers charges, includes much pre- and post-op care and assisting at surgery—none of which he says should be the G.P.'s job.

THINKING OF HIRING a practice management consultant? Here's what you can expect to pay him: A new survey by this magazine shows that such men typically charge their doctor-clients $500 a year for management services.

BETTER EXPECT TAX TROUBLE if you take any borderline deductions for practice-connected travel or entertainment from now on. The new Schedule C you'll have to fill out next April specifically asks whether you're deducting for a hunting lodge, a fishing camp, resort property, a pleasure boat, hotel rooms, or your family's attendance at conventions. "Yes" answers will almost certainly bring a T-man.

YOU'LL BE MAKING EXTRA HOUSE CALLS—and perhaps having trouble collecting for them—if home care

XUM

plans continue to spread. Blue Cross is now sponsoring 29 such plans to reduce hospital utilization. They pay for nurses, drugs, and supplies—but not for M.D.s' visits. Neither does Blue Shield pay for them, as a rule.

NO-FEE-SCHEDULE HEALTH INSURANCE covering your usual fees may cover fewer of them in future. Big bills from doctors and hospitals have driven up the premiums. As a result, low-deductible major medical—once the best-seller among all health insurance policies—has now become the slowest seller in the field.

A BIG FIGHT IS BREWING over the way you get lab work done. Mass production and mail-order labs that do all such work for flat fees are backed by many doctors. But they're being fought by older, fee-for-service labs. Current battle-ground: New York City. There the newer labs have been accused of substandard work. Now the health department's checking on all the city's 425 labs and has already closed six, including both flat-rate and fee-for-service types.

STOP BUYING LIFE INSURANCE? Most people do after 40. Beyond that age, relatively few plan to buy additional policies, according to a new Life magazine survey. About half the people under 40 expect to buy more coverage. But the figure drops to one in five for those in the

XUM

Robins



helps remove the cause of cough[1]

Glyceryl guaiacolate (Robitussin) exerts "the most intense and prolonged"[2] expectorant action "of practically all drugs presently used clinically as expectorants."[2]

It greatly increases the secretion of respiratory tract fluid,[2] which makes sputum less viscid and easier to raise,[2-4] makes tracheal and bronchial cilia more efficient,[3,5] and acts as a demulcent.[1-3,6]

Thus Robitussin increases the probability that a cough will achieve its natural purpose—i.e., to remove irritants such as exudates and mucus from the respiratory tract.[1,4,5]

references: 1. Blanchard, K., and Ford, R. A., J.-Lancet, 74:433, 1954. 2. Cass, L. J., and Frederik, W. S., Am. Pract. Dig. Treat., 2:844, 1951. 3. Hayes, E. W., and Jacobs, L. S., Dis. Chest, 30:441, 1956. 4. Blanchard, K., and Ford, R. A., Clin. Med., 3:961, 1956. 5. Blanchard, K., and Ford, R. A., Rocky Mt. M. J., 52:278, 1955. 6. Boyd, E. M., et al., Can. M. Assoc. J., 54:216, 1946.

Robitussin®

Glyceryl guaiacolate, 100 mg. in each 5 cc. teaspoonful

Robitussin® A-C

Glyceryl guaiacolate 100 mg., prophenpyridamine maleate 7.5 mg., and codeine phosphate 10 mg. in each 5 cc. tsp. Exempt narcotic.

A. H. ROBINS COMPANY, INC., RICHMOND 20, VA.

XUM

41-50 age bracket. Hardly anyone older than 50 plans on buying additional protection.

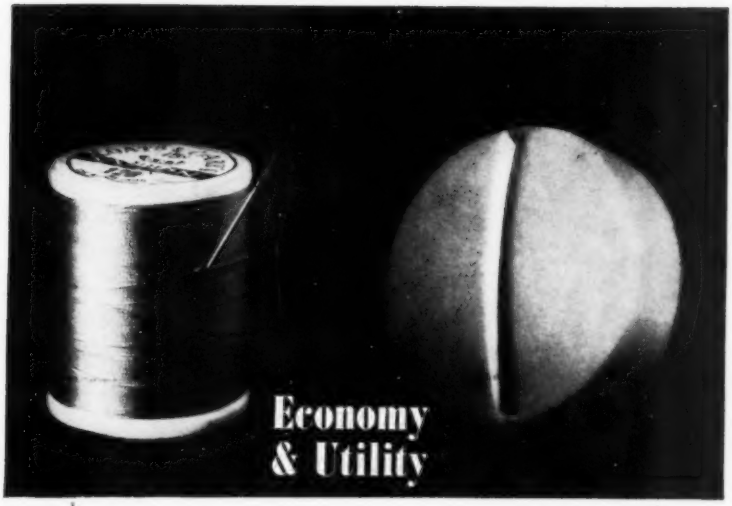
YOUR HANDLING OF HEPATITIS can get you sued, warns Dr. William L. Goodin, secretary of the Pima County (Ariz.) Medical Society. He bases his warning on several suits threatened by families of hepatitis patients. They claim doctors should have given them gamma globulin.

YOUR YOUNG ASSOCIATES may be feeling the draft next year. For the first time since 1957, there's talk from the Pentagon about calling several hundred M.D.s for the Armed Services.

IF YOU TAKE A TAX DISPUTE to court, you don't stand much chance of beating the Government. During fiscal 1960, the I.R.S. won 71 per cent of the civil cases decided. Taxpayers got back an average of only 12 per cent of the amount they claimed, the lowest percentage on record.

HIGHER PAY FOR SALARIED ASSISTANTS: Here's a trend you'll have to take into account if you're interested in hiring another physician to work with you. Assuming he's a specialist —as most salaried assistants are—his help may now be worth more than $16,000 a year plus paid vacations and paid sick leaves. Those terms are now typical, a recent study shows.

XUM



clinically proved oral penicillin therapy that costs your patients less

Pentids

Squibb Penicillin G Potassium

Available in these convenient dosage forms: PENTIDS '400' TABLETS (400,000 u.) • PENTIDS '400' FOR SYRUP (400,000 u. per 5 cc. when prepared) • PENTIDS TABLETS (200,000 u.) • PENTIDS FOR SYRUP (200,000 u. per 5 cc. when prepared) • PENTID-SULFAS TABLETS (200,000 u. with 0.5 Gm. triple sulfas) • PENTIDS CAPSULES (200,000 u.) • PENTIDS SOLUBLE TABLETS (200,000 u.)

*PENTIDS® IS A SQUIBB TRADEMARK

SQUIBB *Squibb Quality—the Priceless Ingredient*

XUM



sprained wrist

Analgesics alone merely mask pain. New Medaprin adds Medrol* to suppress the inflammation that *causes* the pain and stiffness. Thus, to the direct relief of musculoskeletal pain,

Medaprin*

adds restoration of function.

Medaprin is supplied in bottles of 100 and 500 tablets.

Each tablet contains:

Medrol (methylprednisolone)	1 mg.
Acetylsalicylic Acid	300 mg. (5 grs.)
Calcium Carbonate	200 mg.

THE UPJOHN COMPANY
KALAMAZOO, MICHIGAN

Upjohn

*Trademark, Reg. U. S. Pat. Off.

XUM

Medical Economics

National business magazine for physicians, November 7, 1960

Contents

What's ahead 1. Letters 19. Memo from the editors 364.

Briefs: professional 31; financial 179.

Your taxes:

How your Federal income tax compares. 24

Most physicians make out some of their biggest checks to the Internal Revenue Service each year. This report from MEDICAL ECONOMICS' Continuing Survey indicates just how large those payments are

Swapping real estate can hold down your gains tax. 26

Your patients:

Have we the right to prolong dying? 38

When nothing's in sight but suffering, should modern medicine drag the process out? This doctor wonders if it isn't wrong to deny the incurably ill patient the privilege of dying in peace and comfort

Moments of truth in medicine. 47

Here are more illustrations of the use of common sense in medical practice—this time as applied to verbal tranquilizers, supportive therapy, 'halfway' prescriptions, and cigarette smoking

---

Copyright © 1960 by Medical Economics, Inc. All rights reserved under Universal and Pan-American Copyright Conventions. Published fortnightly at Oradell, N.J. Vol. 37, No. 23. Price 60 cents a copy, $12.50 a year (Canada and foreign, $15). Circulation 175,000 physicians in private practice. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N.J. For change of address, use the form on page 112. *Picture credits*: Cover, 58, Mary Cottingham; 38, 187, 284-285, Roy Stevens; 44, Parolini; 47, James McAnally, Graphic House, Inc.; 52, Mort Temes; 64, Peter Paul Porges; 88-91, Clifton Wheeler; 102-106, H. Armstrong Roberts; 108, Michael Berry; 120-123, Bob Smallman; 124, George Kesner; 130, 268, Ruth Sondak, F.P.G.; 136, William Cafferty; 146, Allan Gould, Graphic House, Inc.; 160, Dave Harbaugh; 198, Charles Rodrigues; 214, Gardner Rea; 222, Burt Owen, Alpha Photo Associates, Inc.; 224, Jacob Lofman, Pix, Inc.; 242, New York Times; 294, John Gallagher; 326 Roland Michand; 330, Joseph Curtin; 332, Pan American Photo Service.

XUM



because you treat them gently

OTRIVIN®

ON PRESCRIPTION ONLY

for gentle relief of stuffy nose

Otrivin relieves stuffy nose by decongesting the engorged mucosa, re-establishing *comfortable* nasal airways. Its action is not only gentle but prompt and prolonged, with little or no rebound congestion or other side effects.

Complete information sent on request.

Supplied: OTRIVIN *Nasal Solution*, 0.1%; dropper bottles of 1 ounce.

OTRIVIN *Pediatric Nasal Solution*, 0.05%; dropper bottles of 1 ounce.

OTRIVIN *Nasal Spray*, 0.1%; plastic squeeze tubes of 15 ml.

OTRIVIN *Pediatric Nasal Spray*, 0.05%; plastic squeeze tubes of 15 ml.

OTRIVIN® hydrochloride (xylometazoline hydrochloride CIBA)

CIBA

2/2038HK SUMMIT, NEW JERSEY

XUM

Your patients (cont.):

Why not an ad to inform patients you're moving? 54

Your liability:

What to expect if you're sued. 58

Loss of practice? Damage to your reputation? After studying the experiences of fifty-eight doctor-defendants, this man has some reassuring news for you about the validity of such negative assumptions

If your hospital loses legal immunity, you lose, too. 68

Your earnings:

How your earnings from health plans compare. 74

The typical doctor's income from voluntary prepayment health plans has more than tripled in four years, MEDICAL ECONOMICS' Continuing Survey indicates. Here's another in a series of reports based on a scientifically conducted poll of physicians throughout the U.S.

Your insurance:

Don't forget your public liability! 88

You probably carry a heavy insurance load. But your policies may not protect you against suits resulting from accidents in and around your office building. Better take a second look at your present coverage

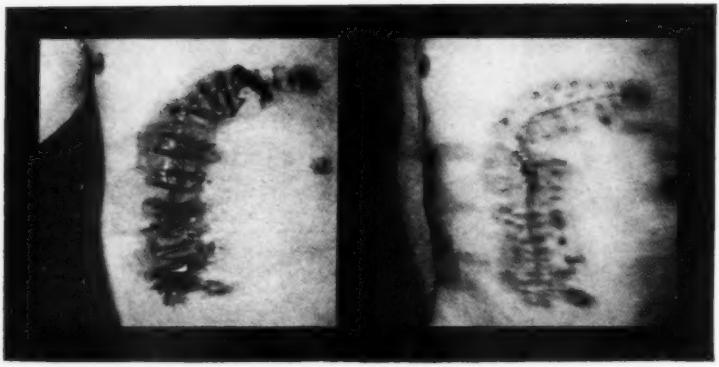
Here's a go-now-pay-later plan for college costs. 94

Should you convert your G.I. term insurance? 96

Your family:

Advise your son to study medicine? 102

Two physician-fathers, using pen names, argue the question and give their reasons for arriving at opposite conclusions. 'No,' says a California pediatrician; 'Yes,' replies an East Coast specialist



Mixed bacterial infection of wound following closure of dehisced laparotomy incision. Infection persisted despite intensive local and systemic therapy.

Infection eradicated after 10 days of topical antibacterial therapy with FURACIN Soluble Powder. Subsequent healing was complete and uneventful.

Postoperative wounds: fight infection, facilitate healing

In clinical use for more than 13 years and today the most widely prescribed single topical antibacterial, FURACIN retains undiminished potency against pathogens such as staphylococci that no longer respond adequately to other antimicrobials. FURACIN is gentle, nontoxic to regenerating tissue, speeds healing through efficient prophylaxis or prompt control of infection. Unique water-soluble bases provide thorough penetration, lasting activity in wound exudates, without "sealing" the lesion or macerating surrounding tissue.

the broad-spectrum bactericide exclusively for topical use



FURACIN®

brand of nitrofurazone

in dosage forms for every topical need

Soluble Dressing / Soluble Powder
Solution / Cream / HC Cream
(with hydrocortisone) / Vaginal
Suppositories / Inserts / FURESTROL®
Suppositories (with diethylstilbestrol)
Special Formulations for Eye, Ear, Nose

EATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK

XUM

Your car:

Why not a second-hand second car? 120

A used car may be your best buy right now, thanks to the popularity of the compacts and the profusion of trade-ins. Here's what you should look for—and look out for—if you decide to shop the market

Car rental is no Rx for traffic tickets. 126

Your estate:

Will your family lack funds while settling your estate? 130

A settlement may take several years. So note these ideas for speeding it up and helping your family over what could be a rough interim

Your practice:

Good route to retirement. 144

You might be wise to consider selling your practice 'in slow motion.' This formula for division of earnings between two doctor-partners would once have been called unethical. But things are different now

Do you ask pharmacists to label drugs by name? 169

Your specialty:

Do your surgery near home, College of Surgeons warns. 176

Your assistants:

Bonding your employes is plain good sense! 186

No doctor's office is immune to embezzlement. So your aide should understand why employes with access to your money must be bonded

Your investments:

Are no-load mutual funds as good as they sound? 212

Some funds charge a sales commission; some don't. This report examines the total effect of loading charges on your investment

XUM



reduces postnasal drainage—lessens pharyngeal irritation
depresses the cough reflex—eases expulsion of mucus

The addition of the decongestant to the antitussive provides more complete cough control than regular "cough syrups." The central antitussive action of Dormethan[1] and the expectorant action of ammonium chloride are complemented by the decongestant action of Triaminic[2, 3, 4] which reduces swelling and controls irritating postnasal drip, a common cough stimulus.

Triaminicol®

the decontussive cough syrup

Each tsp. (5 ml.) of fruit-flavored, non-alcoholic TRIAMINICOL provides:

Triaminic®	25 mg.
(phenylpropanolamine HCl	12.5 mg.
pheniramine maleate	6.25 mg.
pyrilamine maleate	6.25 mg.)
Dormethan (brand of dextromethorphan HBr)	15 mg.
Ammonium chloride	90 mg.

Dosage (to be administered every 3 or 4 hrs.): *Adults* — 2 tsp.; *Children 6 to 12* — 1 tsp.; *1 to 6* — ½ tsp.; *under 1* — ¼ tsp. One dose at bedtime is usually sufficient to control the cough cycle initiated by postural drainage of paranasal sinuses.

References: 1. Bickerman, H. A.: in Drugs of Choice, Mosby, St. Louis, 1958, p. 557. 2. Lhotka, F. M.: Illinois M. J. *112*:259 (Dec.) 1957. 3. Fabricant, N. D.: E.E.N.T. Monthly *37*:460 (July) 1958. 4. Farmer, D. F.: Clin. Med. *5*:1183 (Sept.) 1958.

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

XUM

Your investments (cont.):

Want to be a Broadway angel? 222

Backing a play is risky business. But as more than one doctor has discovered, the return can be spectacular—if you pick a smash hit

Selt-test shows health of your investment program. 236

Investing for income? Bonds are losing their edge. 238

Your office:

Should you have a second office? 244

Lots of M.D.s do. But consider all these possibilities—pro and con—before you commit yourself to hanging out a second shingle

Best thing for your bulletin board. 261

This piece of standard office equipment can serve as your communications center. You can make it speak for you if you use it properly

Your home:

Your home can be checked for fire hazards—free. 264

Your fees:

$5 to fill out a form? 'Unjustified, Doctor!' 268

For some physicians, the question isn't whether to charge for completing insurance forms; it's how much? This real-life incident indicates that $5 gained may mean one patient lost

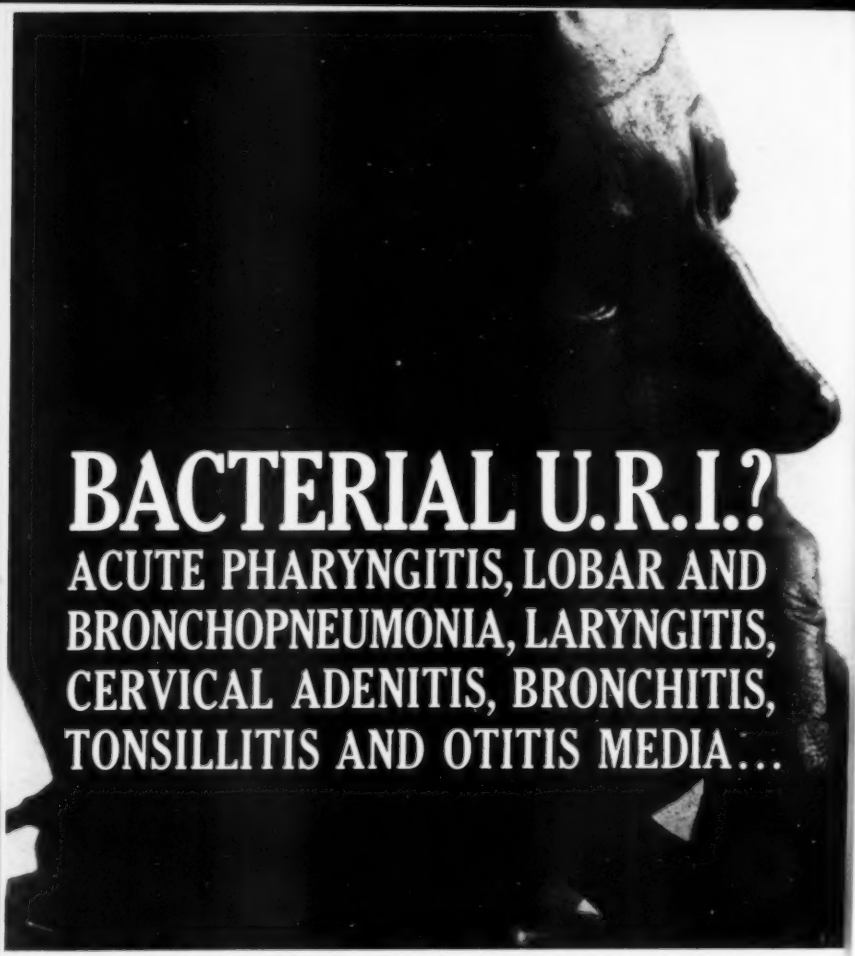
Should specialists control your fees in their field? 278

Your profession:

How prosperous should you look? 284

Frayed cuffs aren't the answer, but neither are diamond cuff links. Here's how surveyed doctors describe an appropriate scale of living—and the occasional colleague who ostentatiously exceeds it

XUM



BEFORE YOU WRITE FOR AN ANTIBIOTIC CONSIDER THE 'PLUSES' OF NEW ALPEN FOR YOUR PATIENTS!

Alpen is more active against clinical isolates of penicillin-resistant staphylococci than older penicillins.[1] **Alpen** is indicated for acute and chronic streptococcal infections. **Alpen** is rapidly absorbed to produce high blood levels. **Alpen** has greater freedom from the G.I. sequelae of the broad spectrum -mycins.

ALPEN

See ALPEN Statement of Directions for complete details. / ALPEN™ potassium phenethicillin

1. Morigi, E. M. E.; Wheatley, W. B., and Albright, H.: Antibiotics Annual 1959-60, N.Y., Antibiotic, Inc., 1960, 131

Schering

H-339

XUM

Your profession (cont.):

Practice in America? No, thanks! 293

You might think a London G.P. would envy his U.S. colleagues. This one doesn't—not after a sharp-eyed look around New York

How you can help expose a racket in vitamins. 298

Cut costs or shut up shop, Blue Shield plan is warned. 306

Your records:

How a peg board speeds billing. 312

Many medical offices are adopting this inexpensive business system. It's 'like having an extra girl around the place,' says one doctor

One way to file records: Use numbers and alphabet. 322

Your savings:

Savings and loan rates are expected to drop. 328

Your world:

The scientific man in society. 330

In this selection from 'The Western Mind in Transition,' a noted psychoanalyst and social philosopher takes a penetrating look at the plight of the man of science in today's topsy-turvy world. 'Present-day society demands that the scientist concentrate on promoting human comfort and welfare,' says Dr. Franz Alexander. 'This could result in a complete standstill of scientific development'

Misconceptions about aged afflict even the A.M.A. 354

Humor:

Anecdotes. 98, 110, 172, 206, 234, 256, 356

Cartoons. 44, 52, 64, 108, 124, 136, 160, 198, 214, 248, 294, 326

XUM



sturdy

. . . infants with general development normal or superior[1]

A clinical study[1] of 57 infants fed Lactum (plus supplemental vitamins and the usual additions of solid foods) for periods up to 10 months of age showed "mean height and weight curves slightly above normal." General development was normal or superior.

higher protein for sturdy, satisfied babies

"Personal experience with the hunger of infants fed even 3.5 Gm. [of protein] per kilogram makes us unwilling to recommend intakes of cow's milk which would give less protein. Although the determinants of food intake are complex, the possibility exists that unmet nutritional needs may make the intake of 3.5 Gm. and more of cow's milk protein per kilogram necessary. . . ."[2]

1. Frost, H., and Jackson, R. L.: J. Pediat. 39:585 (Nov.) 1951.
2. Gordon, H. H., and Ganzon, A. F.: J. Pediat. 54:503 (April) 1959.

Lactum

Modified milk formula

Mead Johnson

Symbol of service in medicine

XUM

Medical Economics

November 7, 1960

Editorial Director: William Alan Richardson

Editor: R. Cragin Lewis

Executive Editor: Horace Cotton

Managing Editor: Lewis A. Miller

Senior Editors: Lois R. Chevalier, M. J. Goldberg, William N. Jeffers, John R. Lindsey

Art Director: William L. Serio *Administrative Editor:* John A. Nalley

Consulting Editors: David Beck, M.D., Henry A. Davidson, M.D., Alfred P. Ingegno, M.D., Irving M. Levitas, M.D.

Senior Associate Editors: Garrett Oppenheim, Arthur M. Owens

Associate Editors: Pearl Barland, Robert L. Brenner, A. Robert Ferguson, Marguerite S. Hecking, Howard R. Lewis, John M. Meyer, Richard P. Pratt, Roxanna M. Sayre, Ann Weeks, Ethel R. Wood

Assistant Editors: Jane A. Blood, Elizabeth F. Bullis, Richard P. Murdy, E. Jean Pascoe, Janet C. Whitehead

Editorial Contributors: Helen C. Milius, Claron Oakley, Thomas J. Owens

Editorial Assistants: Barbara E. Kerr, Trudy A. Naef, Elizabeth N. Otto, Jacquelyn Scott

Art Production Manager: Joseph Coleman

Assistant Art Director: William J. Kuhn

Art Associates: Ruth Dash, Gary L. Hoedemaker

Production Associates: Phyllis Marcuccio, Ruth F. Tompkins, Grace M. Voorhis

BPA NBP

Publisher: W. L. Chapman Jr. *Sales Director:* Douglas B. Stearns

Sales Manager: Phillips T. Stearns *Production Manager:* J. E. Van Hoven

Research Director: August A. Fink *Circulation Director:* Howard B. Hurley



The physician sees a tense, nervous patient; he prescribes 400 mg. Meprospan® (continuous-release Miltown®).



The patient takes one capsule of Meprospan-400 at breakfast.



She stays calm while on Meprospan, even under the pressure of busy, crowded supermarket shopping. She experiences no unpleasant side effects.



She takes another Meprospan-400 capsule with her evening meal. This will give her sustained tranquilization till next morning.



Relaxed, alert, attentive...she listens carefully to P.T.A. proposals. Meprospan has not affected her mental alertness.



She sleeps peacefully... all through the night. (Meprospan samples and literature available from Wallace Laboratories, Cranbury, N. J.)

CME 9627

Letters

'I like paying taxes'

SIRS: I can't understand why so many doctors complain loudly about paying their Federal income taxes. Having enjoyed the income, they should be prepared to pay the tax.

Far too much energy is wasted, and far too many words are written about ways of reducing one's Federal tax. The same energy applied to increasing income is far more profitable. It doesn't take much thought and effort for a doctor to increase his gross earnings by 10 per cent. To reduce his Federal tax by the same percentage isn't so easy.

—Richard F. Morton, M.D.
Kennewick, Wash.

'Poor old Doc'

SIRS: Here's a letter I recently got from a patient who owes me a modest sum of money:

"Patience, Doctor. I could pay you while we stall the insurance company, of course. But give me one good reason why I should reverse the old order of things.

"Doctors have *always* waited for their money. Medicine's publicists have written heartwarming stories about the old G.P., the pillar of his community, who's always last to be paid. The point of these stories is: 'Won't you do better by poor old Doc?' But why should we?

"Even under socialized medicine it will be the same. The Federal Government is notoriously slow to pay, too."

It doesn't look as though "poor old Doc" has a chance.

—Edward Craig Coats, M.D.
New York, N.Y.

Faulty form filling

SIRS: I recently had occasion to review 100 physical-examination reports for a local factory. Forty-four weren't complete. The doctors who did the exams simply hadn't answered the questions on one of the sheets of paper—even though they were being paid for it.

This sort of thing puts patients on the spot. I also know a young man who had to spend an entire morning having a recheck, because his doctor had done an incomplete report. This *could* have kept the young man out of college.

Most physical-exam forms are simple and reasonable. Why not

XUM

answer all the questions—out of consideration for others, if nothing more?

—Robert P. Koenig, M.D.
Cincinnati, Ohio

Telephone advice tips

SIRS: William N. Jeffers' article "How Much Medical Advice by Phone?" is very helpful. May I add a few tips from my experience?

It's always a good idea to tell the patient to call you back if he's still concerned after following your advice. And you'll do well to call him back if *you're* concerned.

I never forget that a patient could have appendicitis in the middle of a diarrhea epidemic. So I try to consider all the possibilities before recommending treatment. That's one reason why I attempt to persuade patients to come to the office when they're sick or worried. I can do a better job there.

—M.D., North Dakota

SIRS: . . . The doctor could spare himself a lot of telephone calls from patients by discussing the illness thoroughly while the patient is in the office. Often, the patient gets home only to discover that he doesn't have the answer to a question that's troubling him. The physician can often avoid this by ending the interview with a question: "Is there anything else you'd like to ask about?"

If the doctor provides his patients with helpful reading material (for example, booklets on obstetrics), there'll be less need for questions and phone calls, too.

—Millard K. Mills
Professional Management Midwest
Waterloo, Iowa

A.M.A. and Social Security

SIRS: At the unauthorized request of the A.M.A., the doctor and his widow have again been denied coverage under Social Security. The A.M.A. has no more right to dictate whether physicians should have Social Security than it has to say how much life insurance we should carry. This isn't within the scope of medical matters.

The A.M.A. refuses to sponsor a poll but takes it upon itself to decide a crucial nonmedical subject. We members should call a dues strike to protect our widows.

—Fred Mather, M.D.
Brooklyn, N.Y.

END

From the film—"Skin Grafting of Extensive Burns" by Harry R. Grau, M.D., Cleveland, Ohio



Fig. 1. *68-year-old man with extensive third degree burns caused by gas explosion 2 weeks previously.* **Fig. 2.** *Sixteen days after treatment with* FURACIN Soluble Dressing *and debridement, wounds show healthy granulation tissue free from infection and ready for skin grafting.*

Severe burns: fight infection, facilitate healing

Versatile FURACIN *lends itself admirably to burn treatment.* FURACIN *Soluble Dressing is applied directly, or as impregnated gauze under dry or wet pressure dressings.* FURACIN *Solution is sprayed on the burn area (exposure technic); this leaves a moist, flexible antibacterial film.*

In clinical use for more than 13 years and today the most widely prescribed single topical antibacterial, FURACIN *retains undiminished potency against pathogens such as staphylococci that no longer respond adequately to other antimicrobials.* FURACIN *is gentle, nontoxic to regenerating tissue, speeds healing through efficient prophylaxis or prompt control of infection. Unique water-soluble bases provide thorough penetration, lasting activity in wound exudates, without "sealing" the lesion or macerating surrounding tissue.*

the broad-spectrum
bactericide exclusively
for topical use



FURACIN®

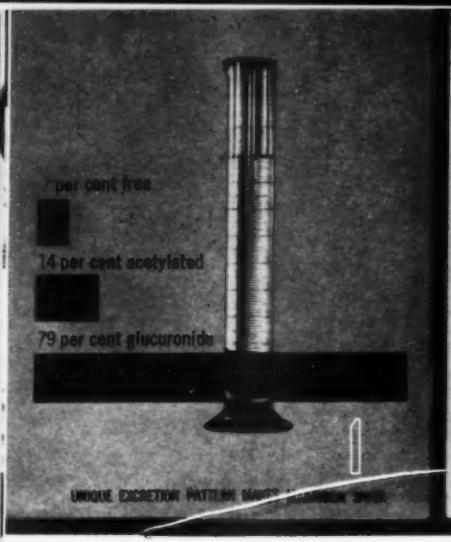
brand of nitrofurazone

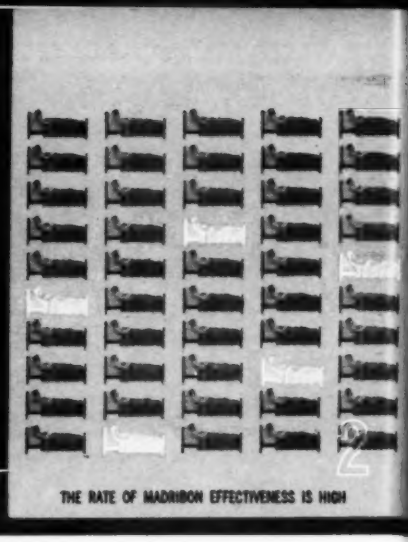
in dosage forms for every topical need

Soluble Dressing / Soluble Powder
Solution / Cream / HC Cream
(with hydrocortisone) / Vaginal
Suppositories / Inserts / FURESTROL®
Suppositories (with diethylstilbestrol)
Special Formulations for Eye, Ear, Nose

® EATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK

XUM





Safe low-dosage sulfonamide, backed by 76 published reports

In extensive clinical studies, Madribon has accumulated an unexcelled safety record. The total incidence of side reactions lies below 2 per cent; those that have occurred were generally mild and transitory.

Reported effectiveness of Madribon registers up to 90 per cent in a large variety of respiratory, urinary tract and soft tissue infections.

Wide antibacterial spectrum – high blood levels

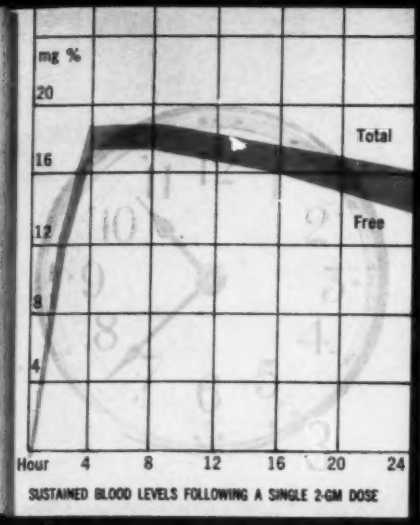
Madribon proves effective against the following pathogens, including at times some strains resistant to older antibacterial agents: *Staphylococcus aureus hemolyticus,* beta hemolytic streptococci, pneumococci, *K. pneumoniae, H. influenzae, Ps. aeruginosa, B. proteus, E. coli,* Shigella, Salmonella, paracolon bacilli.

This high activity of Madribon against common pathogens is combined with high sulfa blood levels, rapidly attained and maintained for prolonged periods on once-a-day dosage.

Supplied: Madribon Tablets: 0.5 Gm, double scored, monogrammed, gold colored—bottles of 30, 100, 250 and 1000. Madribon Suspension: 0.25 Gm/teasp. (5 cc), custard flavored—bottles of 4 oz and 16 oz. Madribon Pediatric Drops: 10-cc plastic container with special tip for dispensing drop dosage—each cc (20 drops) provides 250 mg Madribon.

MADRIBON® – 2,4-dimethoxy-6-sulfanilamido-1,3-diazine

XUM



SUSTAINED BLOOD LEVELS FOLLOWING A SINGLE 2-GM DOSE



MADRIBON ONCE-A-DAY THERAPY IS "KIND TO THE PURSE"

4 sound reasons to prescribe Madribon in respiratory tract infections

An original development of Roche research available only as MADRIBON

ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.

Consult literature and dosage information, available on request, before prescribing.

XUM

How your Federal income tax compares

Most physicians make out some of their biggest checks to the Internal Revenue Service. This report from MEDICAL ECONOMICS' *Continuing Survey indicates just how big they are*

If you're typical of the nation's male, self-employed physicians, you paid Uncle Sam nearly $5,000 tax on your 1959 income.

The actual median was $4,900, according to MEDICAL ECONOMICS' Continuing Survey. Bear in mind that half of all self-employed doctors paid more than that amount, while half paid less. Bear in mind, too, that many of the states took additional tax nibbles of their own.

The typical physician started out with gross receipts of $34,400 from nonsalaried practice; but more than a third of it went for professional expenses. About $1,700 more came in from nonpractice sources (e.g., capital gains, dividends, rents, nonmedical employment, and his wife's earnings). This gave him a total net of $23,800 before taxes. His after-tax earnings? Less than $19,000.

Note that the above figures are medians for male, self-employed M.D.s. As the accompanying tables indicate, the typical G.P. pays out 19 per cent of his total net earnings for Federal income tax, the typical specialist 21 per cent. In terms of dollars, there's an after-tax gap of $3,900 between their respective incomes.

If your 1959 tax was much higher or lower than the median for your income level, bear in mind that tax liability varies with the number of exemptions you take

THIS ARTICLE *is copyrighted © 1960 by Medical Economics, Inc., Oradell, N.J. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.*

XUM

How G.P.s' 1959 incomes were taxed

Gross earnings from practice	Net from all sources[1,2]	Federal income tax[2]	After-tax income[2]
$50,000 or more	$36,300	$9,100	$27,200
40,000 to 49,999	28,500	6,400	22,100
30,000 to 39,999	21,900	4,200	17,700
20,000 to 29,999	17,200	2,900	14,300
Under 20,000	12,600	1,900	10,700
All G.P.s	21,000	4,000	17,000

How specialists' 1959 incomes were taxed

Gross earnings from practice	Net from all sources[1,2]	Federal income tax[2]	After-tax income[2]
$50,000 or more	$42,600	$12,900	$29,700
40,000 to 49,999	30,800	7,100	23,700
30,000 to 39,999	24,100	5,000	19,100
20,000 to 29,999	18,000	3,300	14,700
Under 20,000	13,600	1,900	11,700
All specialists	26,600	5,700	20,900

[1]Includes practice earnings, income from nonpractice sources, and wife's earnings, if any. [2]All figures in these columns, rounded off to the nearest $100, are 1959 medians for male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.

XUM

and the amount of your personal deductions.

For an explanation of how the statistics in this article were obtained, see "How Your Earnings From Health Plans Compare," in this issue. END

Swapping real estate can hold down your gains tax

Are you holding onto a piece of real estate because of the capital-gains tax you'd incur if you sold it? Perhaps you should consider *trading* the property. All over the U.S., property owners are now swapping real estate ranging from medical centers and private homes to pharmacies and motels. An estimated $100,000,000 worth was traded last year. Under Federal tax laws, it's possible for an owner to defer the payment of capital-gains taxes on any rise in real property values. Here's how trading instead of selling can do it:

The value of the property you get in a swap is considered to be equal to the price you paid for the property you trade away. Thus, you don't have to pay any tax on the deal. And you won't be taxed until you sell the new property. Your tax at that time will be on the capital gain over and above what you paid for the original piece of real estate.

The law permits such tax deferment only when properties traded are of "like kind." For example, you must trade a home for a home, an investment property for an investment property.

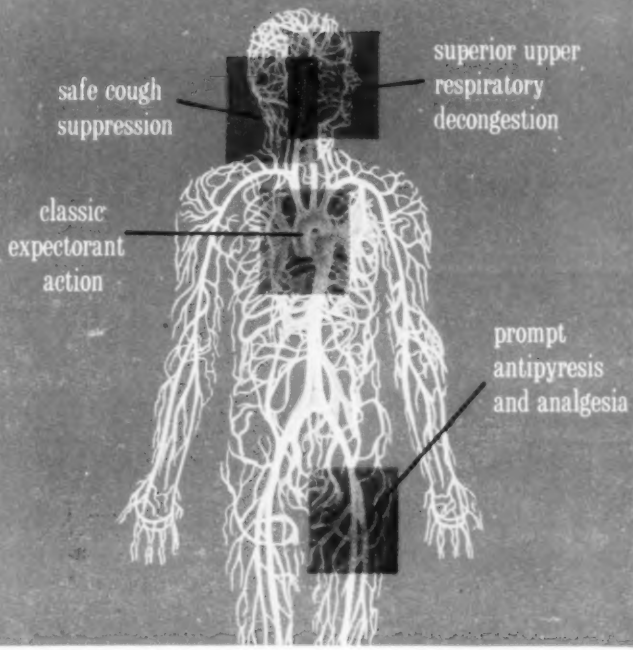
Take the case of a middle-aged Los Angeles physician who owned some vacant lots he'd paid $25,000 for in 1940. If he'd sold the lots—now valued at about $165,000—the 25 per cent long-term capital-gains tax would have lopped $35,000 off his profit.

Instead, last summer, he swapped the lots for a $165,000 equity in an apartment building. Now he won't have to pay a capital-gains tax until he sells his equity in the building. When that happens, he may well be in a lower tax bracket.

Many real estate exchanges take place through property-swapping clubs. One of the biggest is the International Traders Club, with nearly 3,000 members in forty-eight branches in ten states. If you're interested, your real estate agent may be able to put you in touch with one of the clubs. END

XUM

for relief from the total cold syndrome...



Tussagesic*

timed-release tablets/suspension

Each Tussagesic timed-release Tablet provides:

TRIAMINIC®	50 mg.
DORMETHAN (brand of dextromethorphan HBr)	30 mg.
TERPIN HYDRATE	180 mg.
APAP (acetaminophen)	325 mg.

Dosage: *Adults and children over 12*—one tablet in the morning, midafternoon and at bedtime. Each tablet should be swallowed whole to preserve the timed-release action.

Each tsp. (5 ml.) of Tussagesic Suspension provides:

TRIAMINIC®	25 mg.
DORMETHAN (brand of dextromethorphan HBr)	15 mg.
TERPIN HYDRATE	90 mg.
APAP (acetaminophen)	120 mg.

Tussagesic Suspension is especially suited for children and for adults who prefer liquid medication; it is pleasantly flavored, non-narcotic and non-alcoholic.

Dosage (to be taken every 3 or 4 hours): *Adults and children over 12*—1 or 2 tsp.; *Children 6 to 12*—1 tsp.; *Children 1 to 6*—½ tsp.; *Children under 1*—¼ tsp.

TRADEMARK

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

XUM



"All my 'diet' patients get an extra lift with 'Beminal' Forte"

in the special diet patient improve nutrition . . . promote better health with

BEMINAL FORTE

Ayerst

Therapeutic B Factors with Vitamin C

A single capsule provides 250 mg. of vitamin C and massive doses of B factors to meet the need when requirements are high and reserves are low. Prescribe "Beminal" Forte for patients on special diets, pre- and postoperatively, and during convalescence, to improve the prognosis and accelerate recovery.

Supplied: No. 817 — Bottles of 100 and 1,000 capsules.

Ayerst Laboratories New York 16, N. Y. • Montreal, Canada

DORIDEN: MORE SUITABLE FOR MORE PATIENTS FOR MORE SATISFYING SLEEP

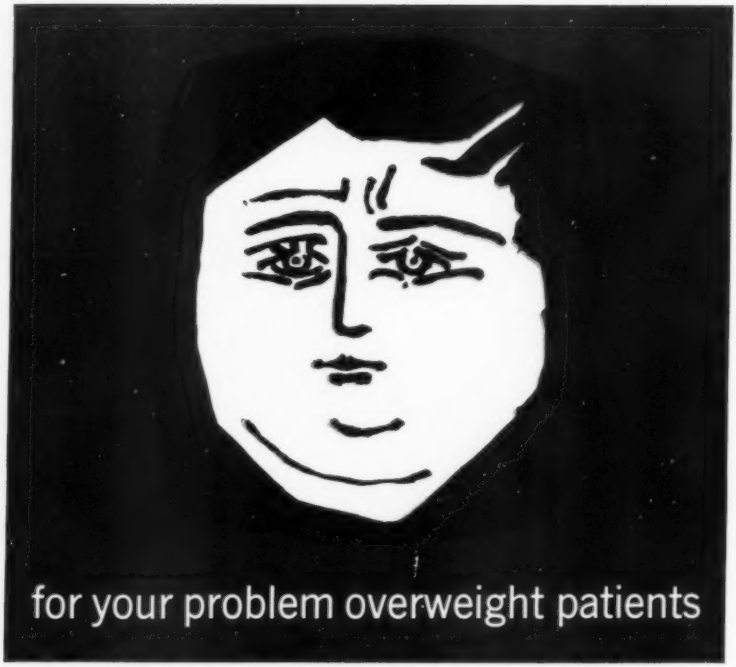


Doriden offers sound, restful sleep for patients who are sensitive to barbiturates, elderly patients, patients with low vital capacity and poor respiratory reserve and those who are unable to use barbiturates because of hepatic or renal disease. Onset of sleep with Doriden is smooth and gradual, usually with no preliminary excitation. Doriden acts within 30 minutes, and sleep lasts for 4 to 8 hours. Except in rare cases, no "hangover" or "fog," because Doriden is rapidly metabolized. SUPPLIED: *Tablets*, 0.5 Gm., 0.25 Gm. and 0.125 Gm.

Complete information sent on request.

DORIDEN®
(glutethimide CIBA)

CIBA
SUMMIT, N. J.



ESKATROL* SPANSULE®

brand of dextro amphetamine and prochlorperazine

brand of sustained release capsules

a logical combination of Dexedrine® *(brand of dextro amphetamine)* and Compazine® *(brand of prochlorperazine)* that

1. curbs the appetite
2. relieves the underlying psychic stress
3. imparts a sense of well-being throughout the day—with a negligible incidence of restlessness and insomnia

SMITH KLINE & FRENCH

*Trademark

Prescription Size: Bottles of 30 capsules

Professional briefs

HOW WOULD YOU LIKE TO ASSUME LIABILITY for your patients' auto accidents? That's the appalling possibility that Pennsylvania doctors now face. Last summer, their state began requiring physicals of driver's license applicants. Its assistant attorney general has just ruled that the examining physician will be liable for damages if an auto accident is caused by a condition the physician should have reported and didn't.

WILL FAMILIES PAY AS MUCH AS $15.04 per month for virtually complete coverage of all doctor bills? M.D.s may get a clue from a new development in New York City. H.I.P., the closed-panel plan, is seeking to enroll 20,000 non-group subscribers at that hefty premium. New York's most advanced Blue Shield policy offers much less coverage, but the premium is only $6.40 per month.

WHICH SPECIALISTS GET PAID SOONEST? A new survey shows that dermatologists do. They have the shortest time lag between treatment and payment. Psychiatrists and ophthalmologists do almost as well. Slowest to collect: internists, neurosurgeons, general surgeons, OB/gyn. men.

WHAT'LL HAPPEN TO YOUR PRACTICE if your area is ever hit by a disaster? Doctors in four Florida towns in the path of Hurricane Donna

found their patient-loads dropped for only a few days. But their collections fell off by 40 per cent—and they're still way down.

M.D.s' DEFENSE LAWYERS are jubilant over a rare U.S. Supreme Court ruling on a malpractice case. The highest court went along with a decision by the State Supreme Court of Washington that said: "Until some better system is evolved, plaintiffs will have to produce [medical] evidence." A lower-court verdict had favored a plaintiff who had no doctors testifying on her side. While deploring the difficulty of getting doctors to testify, the higher courts threw out her case.

WHEN GOVERNMENT TAKES OVER hospital insurance, does that make people less inclined to finance their own doctors' bills? Look at Canada. A million new private insurance policies for medical services were bought there last year.

WHAT'S IT TAKE TO EARN $150,000 or more per year from medical practice? This magazine has studied reports from six separate physicians who gross that much. The most striking thing about them is that they spend a lot to earn a lot: Typically, their overheads eat up more than half their gross. All six are full or partial specialists; all six practice in medium-sized cities or suburbs; all except one have been in practice at least 14 years.

XUM



more effective than salicylate alone in antirheumatic therapy

PABALATE®

Robins

COMBINING MUTUALLY SYNERGISTIC NON-STEROID ANTIRHEUMATICS

"superior to aspirin" — ". . . evidence seems to indicate that the concurrent administration of para-aminobenzoic and salicylic acid [as in Pabalate] produces a more uniformly sustained level for prolonged analgesia and, therefore, is superior to aspirin in the treatment of chronic rheumatic disorders."[1]

In each yellow enteric-coated PABALATE tablet:

Sodium salicylate (5 gr.)	0.3 Gm.
Sodium para-aminobenzoate (5 gr.)	0.3 Gm.
Ascorbic acid	50.0 mg.

For the patient who should avoid sodium

PABALATE-SODIUM FREE

Same formula as Pabalate, with sodium salts replaced by potassium salts (pink)

For the patient who requires steroids

PABALATE-HC

Pabalate with Hydrocortisone

In each light blue enteric-coated PABALATE-HC tablet:

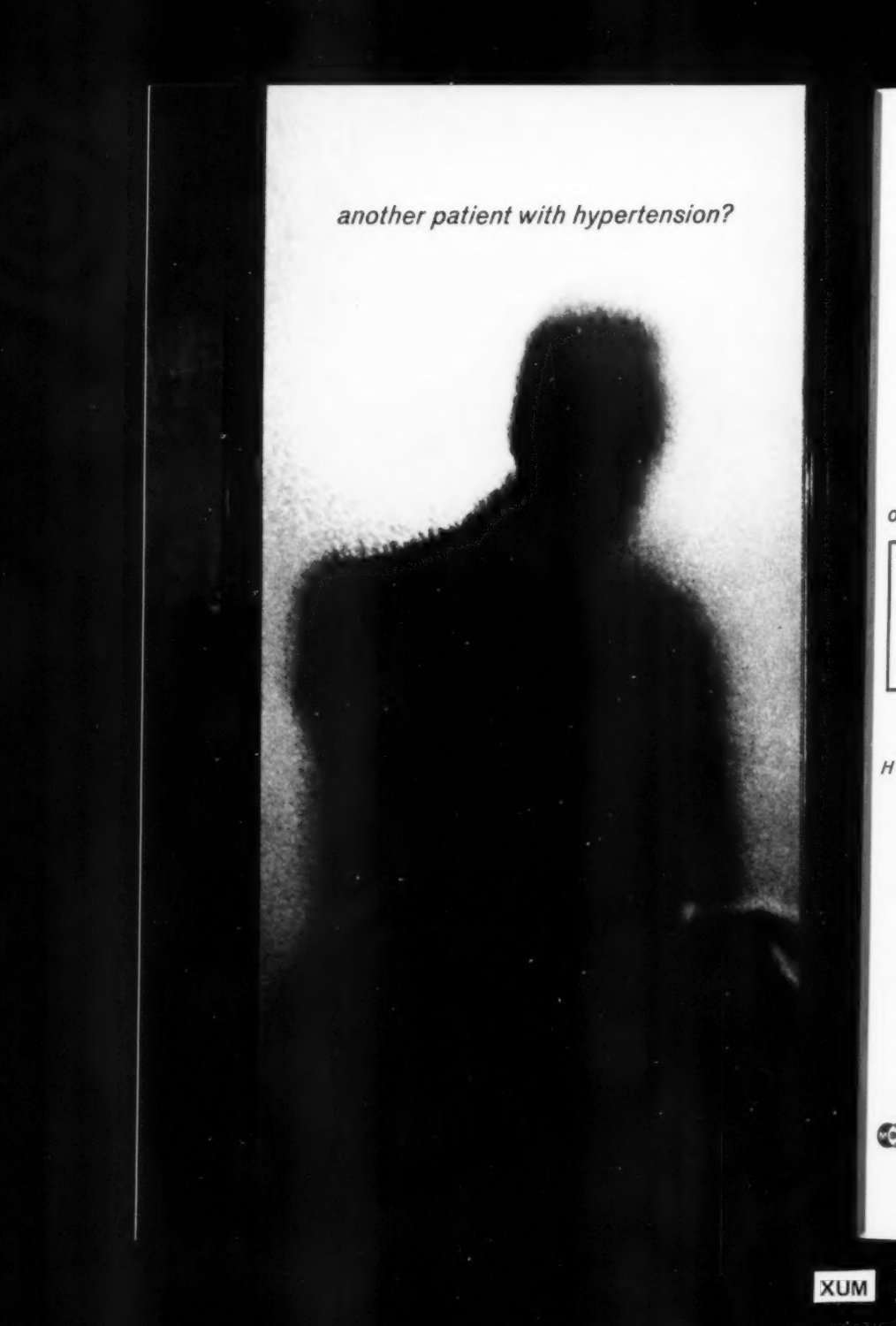
Hydrocortisone	2.5 mg.
Potassium salicylate (5 gr.)	0.3 Gm.
Potassium para-aminobenzoate (5 gr.)	0.3 Gm.
Ascorbic acid	50.0 mg.

1. Ford, R. A., and Blanchard, K.: Journal-Lancet 78:85, 1958

A. H. ROBINS CO., INC., Richmond 20, Virginia



XUM


another patient with hypertension?



indicated in all degrees of hypertension

effective by itself in most hypertensives

HYDROPRES*

HYDRODIURIL® with RESERPINE

HYDROPRES can be used:

- *alone*
  (In most patients, HYDROPRES is the only antihypertensive medication needed.)
- *as basic therapy, adding other drugs if necessary*
  (Should other antihypertensive agents need to be added, they can be given in much lower than usual dosage so that their side effects are often strikingly reduced.)
- *as replacement therapy, in patients now treated with other drugs*
  (In patients treated with rauwolfia or its derivatives, HYDROPRES can produce a greater antihypertensive effect. Moreover, HYDROPRES is less likely to cause side effects characteristic of rauwolfia, since the required dosage of reserpine is usually less when given in combination with HydroDIURIL than when given alone.)

HYDROPRES-25
25 mg. HydroDIURIL, 0.125 mg. reserpine.
One tablet one to four times a day.

HYDROPRES-50
50 mg. HydroDIURIL, 0.125 mg. reserpine
One tablet one or two times a day.

If the patient is receiving ganglion blocking drugs or hydralazine, their dosage must be cut in half when HYDROPRES is added

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa

MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., West Point, Pa.

*HYDROPRES AND HYDRODIURIL ARE TRADEMARKS OF MERCK & CO., INC.

XUM



p

p

Bri
wh
for
Kn
of p
by
to
wit
On
env
pro
Adv
to e

XUM

patient goal:

beautiful fingernails

physician Rx:

Knox Gelatine

Brittle fingernails are a real source of distress to women so afflicted. That's why it's important to be able to provide more than psychological support for such patients.

Knox Gelatine restores normal nail strength in approximately 80 per cent of patients with brittle laminating fingernails. This fact has been confirmed by four independent clinical studies involving 122 subjects. Dosage is one to 3 envelopes of Knox Gelatine per day and improvement usually begins within 30 days.

One point needs special emphasis. Research has established that the entire envelope of Knox Gelatine (120 grains) must be taken in a single dose to provide the dynamic effects necessary to correct the brittle nail defect. Advise your patients against fractional or divided doses. If you would like to examine the substantiating studies just use the coupon below.



© 1959 Knox Gelatine, Inc.

KNOX GELATINE, INC.
Professional Service Department
Johnstown, N. Y., Dept. ME-11

please send reprints of the following articles:

- ☐ 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- ☐ 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- ☐ 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- ☐ 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.

Your Name and Address

XUM



Have we the right to prolong dying?

When nothing's in sight but suffering, should modern medicine drag the process out? This man feels it's wrong for doctors to have one answer for themselves, another for their patients

By Frank R. Ruff, M.D.

My friend Dr. Graham was in his eighties when he developed a cancer of the colon with metastasis to the liver. All the classic symptoms —diarrhea, jaundice, weakness— told him he was on his way out. Here's what he did about it:

He wrote himself a prescription for a large bottle of laudanum and some milk of bismuth. He nested down in his own bedroom, declining hospitalization as a needless expense. With moderate but frequent doses of his medicine, he banished pain. Shortly before he died, he assured me he was physically comfortable and spiritually at peace.

Whenever I think of Dr. Graham (not his real name, of course), I conclude anew that if *I* were incurably ill, I'd choose a similar way out. I believe most physicians would. Why, then, do we deny our terminal patients the right to die with equal dignity and comfort? Why do we increase their miseries and prolong the process of dying? Compare Dr. Graham's calm exit with this one:

George Brown (as I'll call him) was admitted to a hospital with a bowel cancer. Its rapid spread and a multiple pathology made the condition inoperable. Nothing short of a miracle could have saved this patient, who was in his late seventies. But his doctors tried.

Over his tired protests, they gave him X-ray therapy, chemotherapy, and other costly treatments. After several weeks they sent him home mentally exhausted, financially depleted, and physically only slightly improved. He died within a week. By the time his funeral was paid for, his death had left his widow virtually penniless.

In my forty years of hospital experience, I've seen any number of patients who, in the opinion of the referring physicians and consultants, were beyond hope. Yet they were rarely permitted to die in peace. They were hospitalized, given this and that expensive medicine, transfused, X-rayed from head to foot, subjected to costly chemical examinations and often to painful surgery, and made thoroughly miserable.

By lengthening life, modern

THE AUTHOR *is a radiologist in Fresno, Calif.* *This article is copyrighted © 1960 by Medical Economics, Inc., Oradell, N.J. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.*

XUM

medicine has made this problem more acute. So much so that it seems to me that we doctors must change our thinking about the authority we exercise in the care of other human beings. Granted, it's immoral as well as illegal for a physician to *cause* death. But this doesn't mean he has a duty to *prolong* the process of dying.

Dr. Walter H. Judd, the distinguished Congressman from Minne-

What others say in opposition to Dr. Ruff

Before publication, this article was sent to a cross-section of doctors for comment. They divided sharply for and against the author's view. These are some of the opposing opinions:

From Alexandria Bay, N.Y.: "I agree with the author that there is such a thing as prolonging the dying process. But we can't assume that it's useless to treat any person aged 85 or so. Patients at this age do recover from pneumonias and fractured hips. We must avoid a feeling of hopelessness about old people."

From Clifton, N.J.: "This article is against all my basic concepts of the purpose of medical practice."

From Hartford, Conn.: "I would like to ask Dr. Ruff what he'd do if it were *his* wife or *his* father or mother. He must have seen many a patient who was deemed incurable but who made that miraculous, if rare, recovery."

From Gladstone, Mich.: "When and how do you judge a patient hopelessly ill?"

From Middletown, Conn.: "From time immemorial, physicians have used their mature judgment in caring for very old and incurable patients. Why not continue with this practice?"



soothe, protect, lubricate, decongest, aid healing

NEW: Desitin HC hemorrhoidal Suppositories with Hydrocortisone to control severely inflamed anorectal conditions — then maintain comfort with regular Desitin Suppositories.

for *Samples* and literature write . . .

DESITIN CHEMICAL COMPANY 812 Branch Avenue, Providence 4, R. I.

XUM

sota, once put the problem this way: "We've got the old Hippocratic code that says we must preserve life. We aren't adjusted to the fact that our new drugs keep people alive whom nature, if left alone, would mercifully take away. We put them in oxygen tents, fill them full of antibiotics, and keep them going.

"I had a relative who was kept breathing that way for four and a half years at a cost of more than $10,000. We kept her alive because the only values we know are to keep people alive. And yet she was dead, except that her body was still functioning by artificial means. She didn't recognize anybody; she didn't know anybody. They fed her

What others say in support of Dr. Ruff

Here are some typical opinions of doctors who support the view set forth in the accompanying article:

From Bellingham, Wash.: "As a radiologist, I examine many aged patients with multiple pathology precluding surgery. Solicitous relatives force them in, protesting feebly. Sometimes they're carried in as vegetables. As a middle-class conformist, I get the gruesome business over with as rapidly and painlessly as is consistent with an adequate examination. But if I had the courage of my convictions, I'd scold the referring physician for allowing the family to pressure him into this cruel waste of money."

From Hogansville, Ga.: "I've had a coronary myself, and I surely don't want any useless supportive treatment in case I have any further severe illness. I think it's dreadful to keep a person alive for a few days (and that's all it amounts to) when his body is riddled by any pathological process that by all common sense is incurable."

with a tube for four and a half years."

Cases like this make it clear, I think, that we must stop confusing the preservation of life with the prolongation of dying. Sometimes, it's true, the death process is so slow that the physician can strengthen the body and add years of useful life. But where there is nothing but suffering and early death in sight, what's to be gained by dragging it out? Who benefits?

Certainly not the patient's family. It may take all the cash values of available insurance policies, plus heavy borrowing, to make the victim of an incurable cancer endure a little longer. A child may have to forgo college to keep an aged pa-

---

From Miami, Fla.: "Death is the natural result of living. To carry on a 'living death' is against all natural law."

From Kutztown, Pa.: "A timely and necessary article. Hope the guilty doctors read it!"

From Glen Ellyn, Ill.: "I, too, have seen homes mortgaged, children taken out of college, and family finances thrown into chaos just to give Grandma four to six more weeks of 'life' (oxygen, gastric lavage, I.V., etc.). I agree with the author 100 per cent."

From Pittsburgh, Pa.: "There's a difference between euthanasia and comfortable support for a patient who wants to die peacefully. I myself have seen many V.A. patients kept alive when no one except the zealous physician wished it—a most depressing sight!"

From Adams, N.Y.: "Dr. Ruff has a valid point. Too much money is being spent on terminal surgery and laboratory testing."

From Camp Point, Ill.: "As a young G.P. in a rural area with many aged patients, I firmly endorse Dr. Ruff's views."

XUM

tient's heart beating after his mind is gone and his body paralyzed.

Most often, I grant, it's the patient's own family that begs the doctor to "spare no expense" and to "do everything you can." I've found that straight talk on the doctor's part can frequently do some good here.

If a patient is incurable beyond any reasonable doubt, I think his family should know it before squandering money on medicines and therapies. This knowledge may convince his loved ones that he'd be better off at home with them than hanging on a little longer in a lonely oxygen tent.

What about the doctor's conscience? As long as there are facilities for delaying death, may a doctor ignore them? I think he may. When the forces of nature combine to release an incurable patient from suffering, who are we to interfere? END



"They made only one Albert, then they broke the mold."





Relief from Pain, Fever, and Inflammation

DARVON® COMPOUND and New DARVON COMPOUND-65

. . . combine the analgesic advantages of Darvon® with the antipyretic and anti-inflammatory benefits of A.S.A.® Compound. Darvon Compound-65 is indicated when *increased* analgesia is desired without increase in salicylate content or the size of the Pulvule®.

Formulas	Darvon Compound	New Darvon Compound-65
32 mg.	Darvon	65 mg.
162 mg.	Acetophenetidin	162 mg.
227 mg.	A.S.A.®	227 mg.
32.4 mg.	Caffeine	32.4 mg.

Usual Dosage

Darvon Compound: 1 or 2 Pulvules three or four times daily.
Darvon Compound-65: 1 Pulvule three or four times daily.
Also Available: Darvon, in 32 and 65-mg. Pulvules • Darvo-Tran®

Darvon® Compound (dextro propoxyphene and acetylsalicylic acid compound, Lilly)
Darvon® (dextro propoxyphene hydrochloride, Lilly)
A.S.A.® Compound (acetylsalicylic acid and acetophenetidin compound, Lilly)
A.S.A.® (acetylsalicylic acid, Lilly)
Darvo-Tran® (dextro propoxyphene and acetylsalicylic acid with phenaglycodol, Lilly)



ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U. S. A.

020274

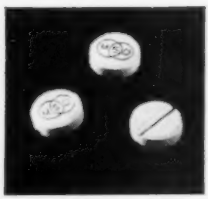
XUM

in edema or hypertensio

more doctors are prescribing—

more patients are receiving the benefits of—

more clinical evidence exists for—



DIURIL

CHLOROTHI

than for any other diuretic-antihypertensiv

DIURIL is unique. There is no other brand of chlorothiazide.

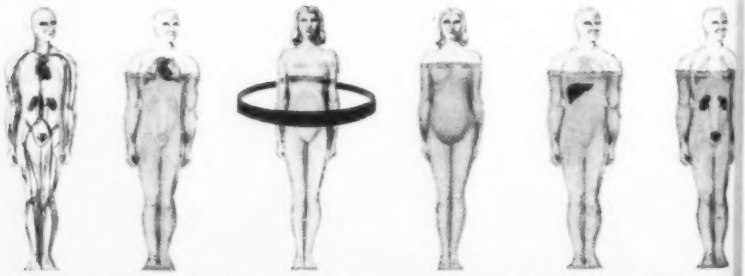
Dosage: Edema—One or two 500-mg. tablets DIURIL once or twice a day. Hypertension—One 250-mg. tablet DIURIL or one 500-mg. tablet DIURIL two to three times a day.

Supplied: 250-mg. and 500-mg. scored ta
lets DIURIL chlorothiazide in bottles of 1
and 1000.

DIURIL is a trademark of Merck & Co., INC.

Additional information is available to the physician on requ

MSD MERCK SHARP & DOHM
Division of Merck & Co., INC., West Point,



HYPERTENSION CONGESTIVE FAILURE PREMENSTRUAL TENSION EDEMA OF PREGNANCY CIRRHOSIS WITH ASCITES RENAL E

XUM



Moments of truth in medicine

More illustrations of common sense in medical practice—this time as applied to verbal tranquilizers and smoking

By Gordon Vail Stoddard, M.D.

There are scholarly clinicians who know their subject better than most but who don't get as good results as the next man. Often, I believe, they make the mistake of explaining too little to the patient. The importance of getting through to the patient and his emotions is seen in the case of Mr. B, who was terrified by his attacks of angina pectoris. These were increasing rapidly in frequency and severity. I told him, "In a very few days, a blood vessel in your heart is probably going to block off. *Then all this pain will vanish.* You can expect a few weeks' stay in the hospital until the thing has healed."

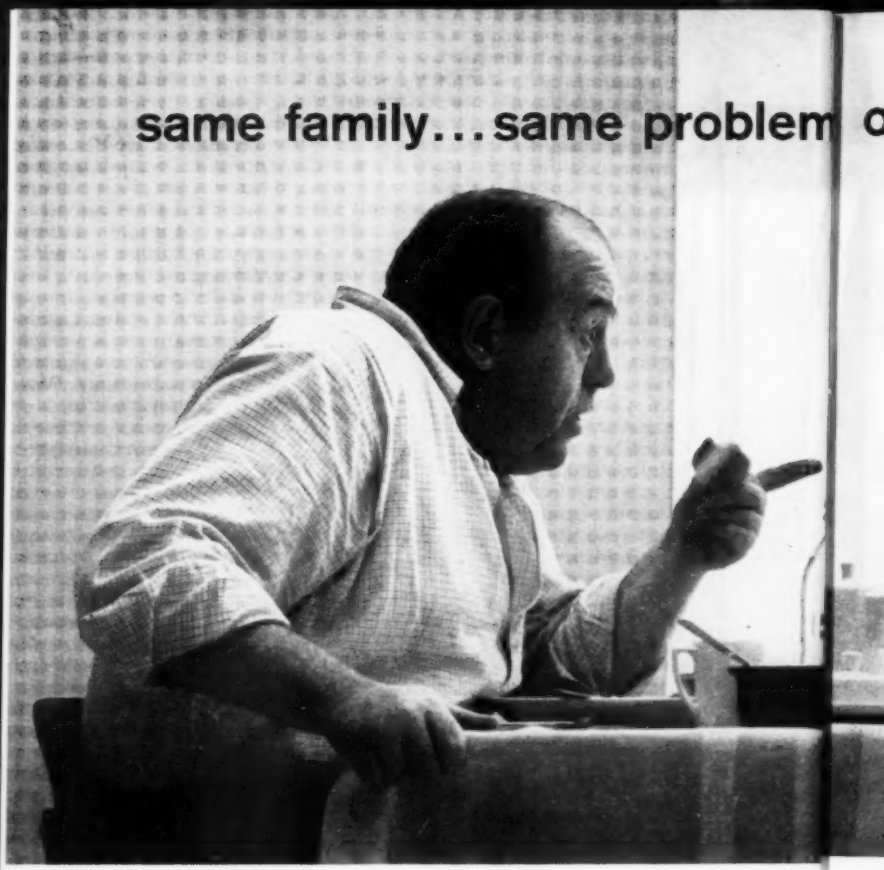
Along with these words of explanation, of course, he got necessary medication and was advised exactly what to do. His panic disappeared. When the infarction occurred, his chances for a smooth recovery were unquestionably improved because he knew what to expect and could anticipate better days ahead.

If a patient understands his problem and your ability to solve it, he gains confidence. And confidence, in my book, is the top-ranking tranquilizer.

* * *

Dr. Norbert Wiener, known as the "father of cybernetics," has expressed fear that the electronic

THIS ARTICLE *is the second in a series written by an East Orange, N.J., cardiologist.*



the husband:

tense, irritable, frustrated

by his inability to stick to his reducing diet. . . .

℞ **DEXAMYL® SPANSULE®**

brand of dextro amphetamine and amobarbital sustained release capsules

for daylong control of appetite, plus the emotional calm and cheerfulness that will help keep him on his diet.

em **overweight**



the wife:

listless, lethargic, depressed

by her weight and appearance. . . .

R DEXEDRINE® SPANSULE®

brand of dextro amphetamine sustained release capsules

for daylong control of appetite, plus
a more normal feeling of energy, well-being
and interest in herself.

SMITH
KLINE &
FRENCH

XUM

computer may bring about destruction of the race. The computer works at lightning speeds far beyond man's own ability. But though its decisions are brilliant, they are made without regard to their side effects. Even with automation, it seems, everything still depends on the thinking man.

With new drugs, this is also true. The thinking man must ponder whether the uncontrolled or continuous use of mood brighteners and depressors, for example, may not tend to destroy the body's natural reactions and relegate it to a state of dependency on foreign substances. I believe a psychiatrist expressed a common-sense approach when he said, "The best use of mood changers is a temporary use. Let them serve to establish rapport with the patient and so clear the way for psychotherapy."

The human body is a successful organism that has survived many centuries on its own. The wise clinician therefore usually elects to *support* body function rather than to *supplant* it.

* * *

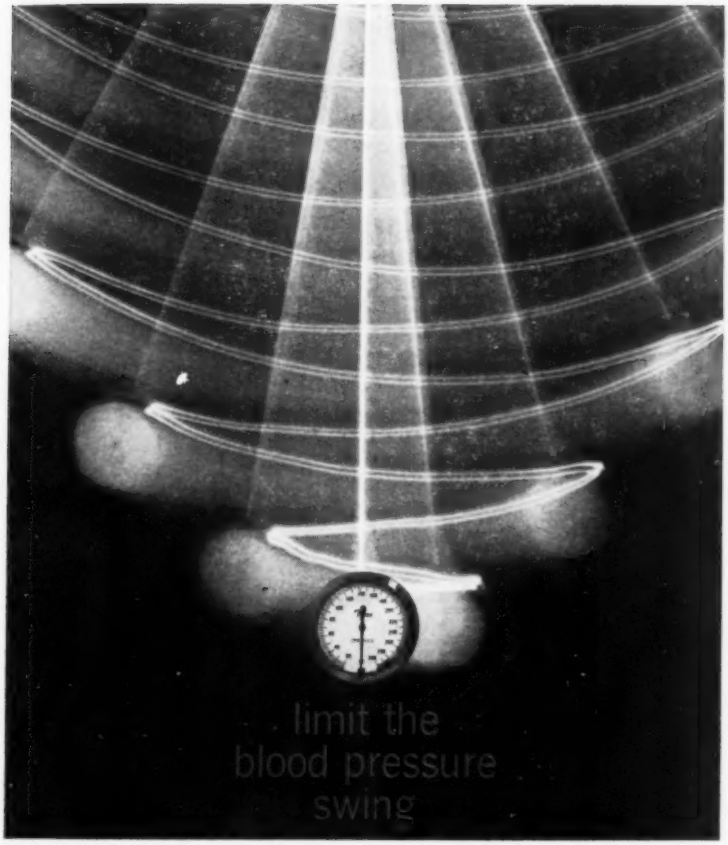
Anticoagulants are sometimes given as a sort of gesture. They are being played with if prothrombin times are running 70 per cent or more of normal. I say that if a drug is dangerous but must be used, then use it. Don't half-use it. I say this because I remember vividly how insufficient medication almost cost a man with heart block his life.

To be sure, the man brought it on himself through his habit of shopping for doctors. One of his medical attendants had prescribed three grains of thyroid daily, which he took. Later came attacks of ventricular standstill. Another medical man gave him ephedrine and advised him to stop the thyroid. He continued it, but the episodes of syncope increased. He now went to a chiropractor who said thyroid was unnecessary if he kept up the chiropractic treatments. He discontinued the thyroid; whereupon his heart stopped several times a day, and his body swelled with fluid.

Why go on? Five grains of thyroid cleared the myxedema and banished the Adams-Stokes attacks for good. The medical man who got these results didn't believe in half-prescribing.

* * *

Smoke belongs in the lungs the way iron filings belong in the



Rautrax-N lowers high blood pressure gently, gradually . . . protects against sharp fluctuations in the normal pressure swing. *Supply:* Rautrax-N—capsule-shaped tablets—50 mg. Raudixin, 4 mg. Naturetin, and 400 mg. potassium chloride. Rautrax-N Modified—capsule-shaped tablets—50 mg. Raudixin, 2 mg. Naturetin, and 400 mg. potassium chloride. For complete information write Squibb, 745 Fifth Avenue, New York 22, N. Y.

new

Rautrax-N*

Squibb Standardized Whole Root Rauwolfia Serpentina (Raudixin) and Benzydroflumethiazide (*Naturetin) with Potassium Chloride

RAUDIXIN,® RAUTRAX,® AND NATURETIN® ARE SQUIBB TRADEMARKS.

Squibb Quality—The Priceless Ingredient

SQUIBB

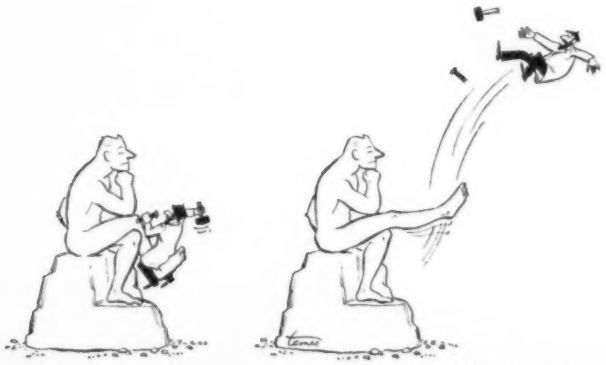
stomach. It's hardly surprising that statistics show the incidence of lung cancer to be greater among smoke inhalers. Still, everyone has been so considerate lest we be forced to give up our cherished cigarettes!

They've filtered, double-filtered, and water-washed the smoke. In some models, they've deleted the nicotine; in others, they've even removed the tobacco! Gone are the fragrance and flavor of former years. And what is left? An attenuated, practically colorless, odorless, and tasteless cloud consisting of the by-products of slow combustion. It's still smoke, with the pleasure reduced.

Nicotine and carbon monoxide have been the red herrings that have successfully drawn attention away from the real problem: constant irritation by smoke itself. Occasional irritation is probably harmless; the human body can stand a certain amount of almost anything.

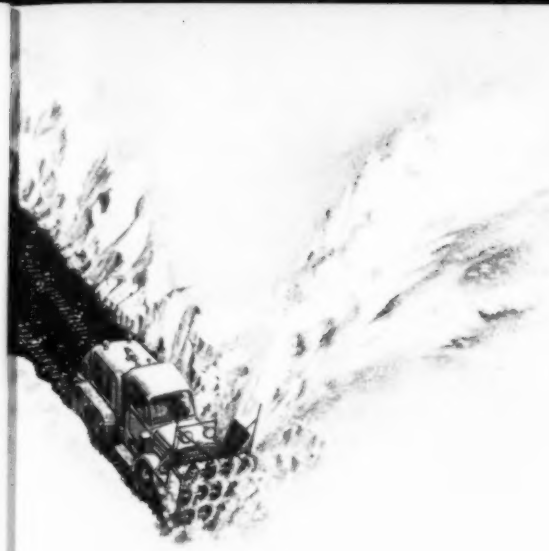
If smoke is smoke and much smoke is harmful, why not treat yourself to the tastiest cigarettes money can buy and then smoke the few you most enjoy at the times you most enjoy them? Just abstain from the nervous-habit cigarette of which you are scarcely conscious anyway.

That's the rule I've made for



© MEDICAL ECONOMICS

XUM



Calcidrine®

Quickly clears the way to cough relief

CALCIDRINE'S INCLUSIVE COUGH THERAPY THINS VISCOUS MUCUS—HELPS CLEAN OUT CLOGGED AIR PASSAGES—SOOTHES THE THROAT AND THE PATIENT.

Because a cough is a complex, a true therapy does more than "stop a tickle" or soothe a throat. Calcidrine treats all phases of the cough—the reflex itself, and the peripheral symptoms.

IN EACH 30 ml. (1 FL.OZ.) THERE'S:

Dihydrocodeinone Bitartrate	10 mg.—to depress cough reflex
Nembutal® Sodium	25 mg.—to calm "cough nerves"
Ephedrine Hydrochloride	25 mg.—to relieve bronchial spasm
Calcium Iodide, anhydrous	910 mg.—to help clear air passages

All carefully blended into a good-tasting, apricot-flavored syrup that is soothing to harsh throats.

®Nembutal—Pentobarbital, Abbott.

010292

ABBOTT

myself, and often I actually succeed in following it.

* * *

"Doctor, is it all right if I eat a soft-boiled egg?"

I told the woman I could see no harm in that.

"But Doctor, every time I eat an egg, I get deathly sick."

She had me there! Some patients think we need only to speak the word, and the word will be law. Very flattering. But somehow I lack confidence in my hypnotic power over specific allergens. In this case, the patient—like the customer—is nearly always right. Bowing, I said to her, "Suppose you just don't eat them." END

Why not an ad to inform patients you're moving?

If you're moving your office to a new location, how will you tell your patients about it? In most places, tradition demands that you mail out a "chaste announcement, preferably on an engraved card," says Dr. Morris P. Pitock, president of the Fairfield County (Conn.) Medical Association. That's considered the ethical way. But is it really a matter of ethics? asks Dr. Pitock. Or is it only "symbolic of our inertia"?

It would be more sensible to announce your move in the local paper, the doctor believes; a modestly worded advertisement would be more efficient than mailing out cards. "As for ethics," he adds, "let's consider the matter:

"When sending out announcements, can you be sure that John Doe, who's on your list of patients but whom you haven't seen for five or ten years, isn't in fact someone else's patient? . . . Thus, your ethical act may indeed be construed as solicitation of someone else's patient."

Medical societies that frown on all types of advertising could still make an exception for newspaper announcements of change of location, says Dr. Pitock. They could easily control such ads by setting up rules on wording, presentation, and frequency of publication.

North Carolina's state medical society already does this successfully. Its rules allow doctors to announce a change of address in an ad no more than two inches deep and two columns wide. The ad can appear in a newspaper once a week for five weeks. END

CHELATED—like the iron of hemoglobin ...clinically confirmed as an effective hematinic[1] ...with a **built-in molecular barrier** against g.i. intolerance and systemic toxicity.[1,2] Permits administration on empty stomach for greater iron uptake... safeguards children against the growing problem of accidental iron poisoning.[1,3]

oral iron of the future... prescribable today



CHĒL-IRON

TRADEMARK BRAND OF FERROCHOLINATE®

GOOD TASTING DOSAGE FORMS FOR EVERY AGE GROUP
ALL SAFE TO HAVE AROUND THE HOME

CHĒL-IRON Tablets: each tablet provides equiv. 40 mg. elemental iron.

CHĒL-IRON Pediatric Drops: equiv. 25 mg. elemental iron per cc. as delivered by accompanying calibrated dropper.

CHĒL-IRON Liquid: for children past the "drop-dose" stage, equiv. 50 mg. elemental iron per teaspoonful (5 cc.).

Also available: **CHĒL-IRON PLUS Tablets**—chelated iron plus B_{12}, folic acid, other B vitamins, and C.

1. Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, 1958.
2. A.M.A. Council on Drugs: New and Nonofficial Drugs, J.A.M.A. 171:891, 1959.
3. A.M.A. Committee on Toxicology: Accidental Iron Poisoning in Children, J.A.M.A. 170:676, 1959.

KINNEY & COMPANY, INC. Columbus, Indiana

Kinney

Pat. No. 2,870,011

Lifts depression...



You see an improvement within a few days
Thanks to your prompt treatment and the smooth action of Deprol, her depression is relieved and her anxiety and tension calmed – *often in a few days.* She eats well, sleeps well and soon returns to her normal activities.

. . as it calms anxiety!



Smooth, balanced action lifts depression as it calms anxiety... rapidly and safely

Balances the mood – no "seesaw" effect of amphetamine-barbiturates and energizers.

While amphetamines and energizers may stimulate the patient – *they often aggravate anxiety and tension.*

And although amphetamine-barbiturate combinations may counteract excessive stimulation – *they often deepen depression.*

In contrast to such "seesaw" effects, Deprol's smooth, *balanced* action lifts depression as it calms anxiety – both at the same time.

Acts swiftly – the patient often feels better, sleeps better, within a few days.

Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly – often within a few days. Thus, the expense to the patient of long-term drug therapy can be avoided.

Acts safely – no danger of liver damage.

Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function – frequently reported with other antidepressant drugs.

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

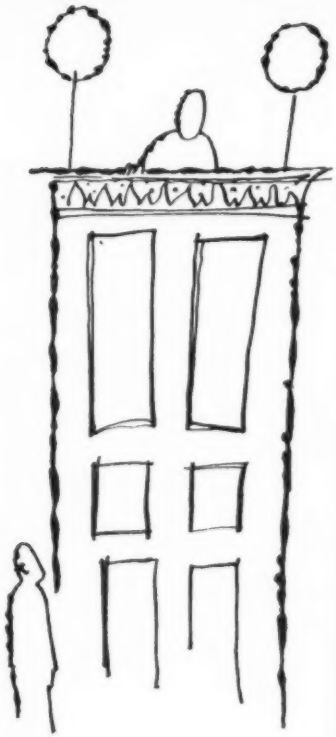
Deprol®

Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. **Supplied:** Bottles of 50 light-pink, scored tablets. Write for literature and samples.

WALLACE LABORATORIES / *Cranbury, N. J.*

XUM

What to expect if you're sued



Loss of practice? Damage to your reputation? After studying the experiences of fifty-eight doctor-defendants, this man has some reassuring news for you

By Robert L. Wyckoff, M.D., LL.B.

I used to think there could be nothing worse for a doctor than a malpractice suit. I felt that the price he must pay would far exceed the dollar value of any verdict. Even the man who won his case would suffer irreparable damage to his practice and reputation, I assumed.

Perhaps you share those assumptions. They're pretty current, as the following statement from a Florida Supreme Court justice shows: "In cases arising from charges of malpractice, the sum of money involved, regardless of its size, is a mere gesture in comparison with the professional character and reputation of the defendant."

Recently, though, I've tested the validity of those assumptions—with startling results. As part of my graduate studies at the Yale University School of Law, I completed a study of the effects of malpractice suits on most of the doctors who have been sued in recent years in Connecticut. I interviewed fifty-eight of them, all told. What

I found out should surprise you:

Broadly speaking, the doctor who is sued suffers little material damage to his practice or professional standing. He suffers more from anxiety about what *might* happen—but seldom does.

Among my specific findings:

- Not one of the fifty-eight surveyed men felt he'd been permanently hurt, either professionally or socially, as a result of the suit.
- None of them had to defend his license before the licensing board.
- None had to relocate because of a suit.
- None suffered any loss or reduction of hospital privileges.
- None reported any personal financial loss through the malpractice action. In every case that had been lost, the insurance company had paid.
- Loss of practice was in most cases minimal and temporary.
- Very few had been forced to pay higher malpractice insurance premiums. Only two had to change carriers.
- Many did get some unpleasant publicity. About 40 per cent of the cases were given either newspaper or radio coverage. But the damage was apparently fleeting.

I don't mean to imply that there were no individual bad moments. There were. For instance, one physician's practice fell off noticeably for two years before a jury returned a verdict in his favor; meanwhile, he suffered marked physical and emotional symptoms directly related to the suit. (Today, I'm glad to report, his nerves and his patient-load are back to normal.)

On the whole, though, *anxiety* about possible ill effects appears to be a more painful product of a malpractice suit than are the effects themselves. Let me illustrate after giving you a little background:

With the consent of the Connecticut State Medical Society and under the guidance of the Yale law school, I undertook a survey of Connecticut physicians who have been sued since World War II. To be sure doctors would feel free to discuss their cases without reserve, I limited my field to cases closed before Sept. 1, 1959.

At the request of the state medi-

THE AUTHOR *is instructor in legal medicine, College of Medical Evangelists, Los Angeles.*

XUM

cal society, insurance companies supplied the names and case-histories of the physicians involved. In all, I was given sixty-nine names. I was able to reach and get full cooperation from fifty-eight. For my purposes, that was a fair sampling. It included seventeen G.P.s, ten surgeons, six OB/gyn. men, five psychiatrists, four internists, four ENT men, four anesthesiologists, two radiologists, two pediatricians, two orthopedists, one ophthalmologist, and one urologist.

Each of these men freely answered questions designed to reveal the effect of the suit on his practice, professional status, social status, hospital privileges, and malpractice insurance coverage. He was also asked about the effect of the action upon "the degree of pleasure and satisfaction" he has since found in the practice of medicine.

I've already given you the statistical highlights of the findings. In the following paragraphs, I'll state my major conclusions and explain how I reached them:

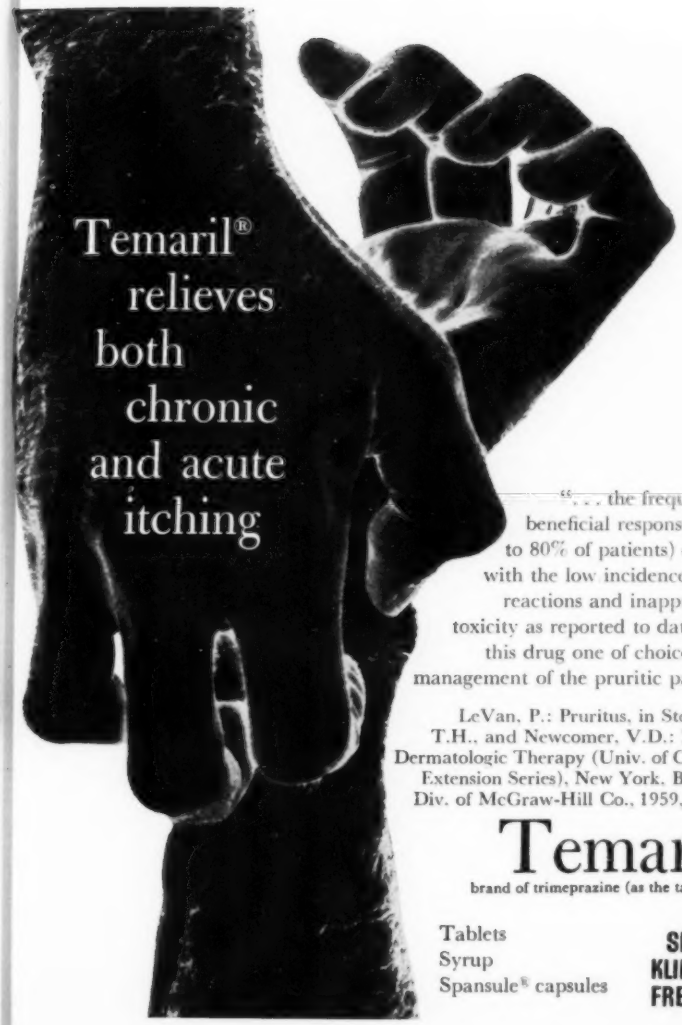
There's good reason to fear publicity from lawsuits.

How much it hurts is hard to measure, since only six of the fifty-eight surveyed physicians believed that their practices had fallen off. But these six were among the twenty-five who'd made newspaper headlines and among the eleven who'd also had radio coverage of their legal troubles.

To determine how much pain such publicity can inflict, I asked all fifty-eight men to tell me what percentage of their patients had been aware of the pending suit. Thirty-six, including three who'd had some publicity, set the figure at less than 10 per cent. Only seven of the doctors reported that most of their patients had known about the malpractice action. But every one of those seven had received wide publicity.

Fearing such publicity, several of the surveyed doctors had tried to "kill the story." But only two managed to do so. One, a young internist just starting practice, had been sued after a patient had died of a plasma-induced hepatitis. When he learned that a major Connecticut daily was planning a Sunday-supplement feature on his case, he sought the aid of a prominent internist who knew the publisher. Dramatically, minutes be-

XUM



"... the frequency of beneficial response (in 60 to 80% of patients) coupled with the low incidence of side reactions and inappreciable toxicity as reported to date make this drug one of choice in the management of the pruritic patient."

LeVan, P.: Pruritus, in Sternberg, T.H., and Newcomer, V.D.: Modern Dermatologic Therapy (Univ. of Calif. M. Extension Series), New York, Blakiston Div. of McGraw-Hill Co., 1959, p. 329.

Temaril®

brand of trimeprazine (as the tartrate)

Tablets
Syrup
Spansule® capsules

SMITH
KLINE &
FRENCH

XUM

fore press time, the publisher ordered the story killed. Eventually, the suit was dropped. Today the internist believes that the suppression of the story saved his career.

"At the time, I was having trouble getting established," he told me. "I'm sure that any publicity would have ruined my practice."

Unexpectedly, though, a few of the doctors found that publicity brought in new patients instead of frightening away the old. All these men won their cases in court, except for one radiologist. His story is well worth noting:

He was sued for $150,000 after a patient had died following an intravenous injection of a dye to which he was allergic. During a recess at the trial, the doctor was summoned to another part of the courthouse to treat a man who'd fainted. The man looked familiar; but it wasn't till later that the radiologist discovered why. The man was the foreman of the jury trying his case. As a result, the court declared a mistrial.

Every news agency picked up this story, and Time magazine gave it feature treatment. Before the case could come up for trial again, it was settled out of court. Meanwhile, the radiologist had to put up with the unwelcome glare of publicity.

Unwelcome or not, it meant a big increase in his practice. Says the radiologist: "I guess every doctor in town felt sorry for me. New patients started coming in from doctors who'd never sent me patients before."

Equally surprising is what happened to a German-trained internist in a suburban community. The size of the suit against him—$100,000, in a toxic-drug death—naturally attracted public attention. But the doctor made such a good impression on the witness stand that he not only won the case; he also increased his practice by 20 per cent. "Most of my new patients were strangers," he told me. "But some of them weren't. For example, among them were the judge and all twelve of the jurors!"

So publicity isn't harmful in all malpractice cases. In most, though, it hurts more than it helps.

A physician's malpractice insurance is seldom devastatingly affected by a suit.

I found no predictable pattern for insurance companies' reactions to lawsuits. Premium increases, for

In active people who won't take time to eat properly, MYADEC can help prevent deficiencies by providing comprehensive vitamin-mineral support. Just one capsule a day supplies therapeutic doses of 9 important vitamins plus significant quantities of 11 essential minerals and trace elements. MYADEC is also valuable in vitamin depletion and stress states, in convalescence, in chronic disorders, in patients on salt-restricted diets, or wherever therapeutic vitamin-mineral supplementation is indicated.

Each MYADEC Capsule contains: VITAMINS: Vitamin B_{12} crystalline—5 mcg.; Vitamin B_2 (riboflavin)—10 mg.; Vitamin B_6 (pyridoxine hydrochloride)—2 mg.; Vitamin B_1 mononitrate—10 mg.; Nicotinamide (niacinamide)—100 mg.; Vitamin C (ascorbic acid)—150 mg.; Vitamin A—(7.5 mg.) 25,000 units; Vitamin D—(25 mcg.) 1,000 units; Vitamin E (d-alpha tocopheryl acetate concentrate)—5 I.U. MINERALS: (as inorganic salts) Iodine—0.15 mg.; Manganese—1 mg.; Cobalt—0.1 mg.; Potassium—5 mg.; Molybdenum—0.2 mg.; Iron—15 mg.; Copper—1 mg.; Zinc—1.5 mg.; Magnesium—6 mg.; Calcium—105 mg.; Phosphorus—80 mg. Bottles of 30, 100 and 250.

a quick "bite"...
then back
to the grind?
nutritional
deficiency's
not far behind.
prescribe...

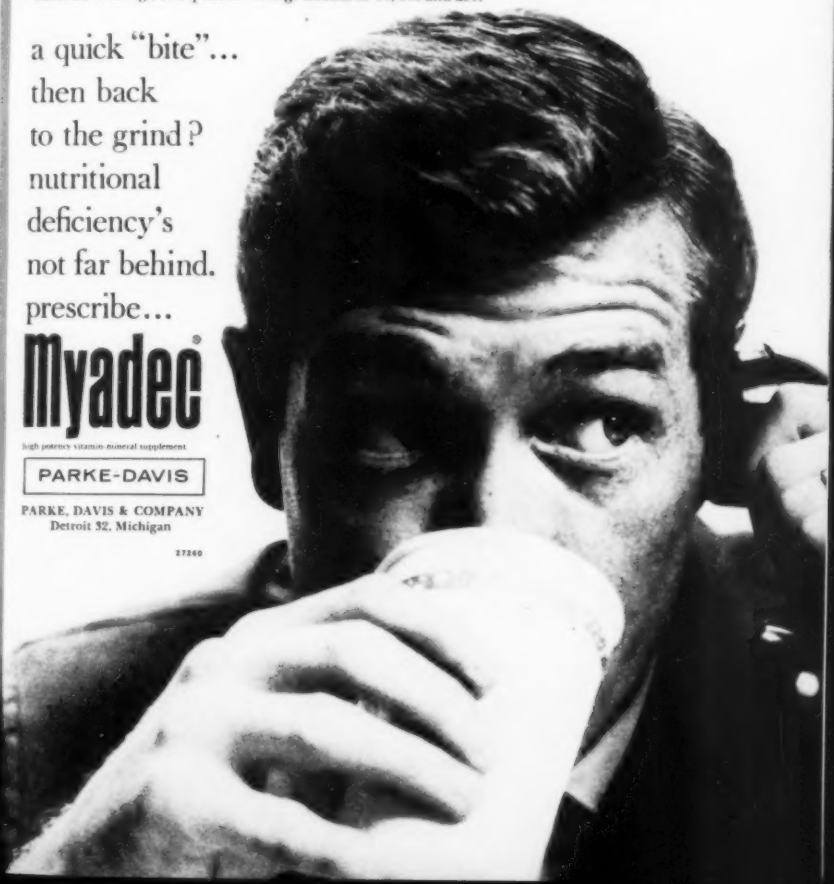
Myadec®

high potency vitamin-mineral supplement

PARKE-DAVIS

PARKE, DAVIS & COMPANY
Detroit 32, Michigan

27260



example, seem to be based on a company's independent appraisal of each doctor as an insurance risk; they're apparently not directly related to the outcome of the suit. Only seven of the surveyed doctors had been forced to pay higher rates. Yet all seven reported that they'd won their cases! One of them—an OB man—had been sued twice; but both suits had been dropped without payment to the plaintiff.

Three other men had been sued twice. But there'd been no increase in premium for any of these three—even though one of them had made an out-of-court settlement and another had been slapped with a $10,000-plus verdict!

Only three of the surveyed doctors had changed companies after being sued. One had done so because his rates had been raised; the other two, because their original companies had canceled the coverage.

Of the fifty-one doctors whose insurance hadn't been materially affected, four had lost in court (the highest judgment was for $11,000); four had settled out of court for fairly sizable amounts; eleven had made nominal or "nuisance-



"Here we go again!"



TO REDUCE INTESTINAL

GAS

BELCHING BLOATING FLATULENCE

KANULASE

A biochemical compound used to diminish intestinal gas in healthy persons and those patients having digestive disorders ■ Each Kanulase tablet contains Dorase*, 320 units, combined with pepsin, N.F., 150 mg.; glutamic acid HCl, 200 mg.; pancreatin, N.F., 500 mg.; ox bile extract, 100 mg. Dosage: 1 or 2 tablets at mealtime. Supplied: Bottles of 50 tablets.

*DORSEY BRAND OF CELLULASE, EXPRESSED AS DIGESTIVE ACTIVITY UNITS

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

XUM

value" settlements: twelve had won their cases in court; and the rest had been cleared when the plaintiff dropped the case. But many of these fifty-one men had voluntarily increased their coverage after they'd been sued.

Most physicians apparently take a malpractice suit pretty much in stride.

Forty of the fifty-eight doctors reported that the experience hadn't affected the pleasure and satisfaction they now derive from practice. Typically, an orthopedic surgeon commented: "It's part of the rough and tumble of medical practice today."

The experience itself was admittedly unpleasant. "While the trial was going on, I was very unhappy. I've never been through such a trying experience," a board-certified surgeon who'd won his case told me. And a similarly successful pediatrician recalled that he'd been "worried for a couple of weeks, did not sleep well, and lost ten pounds." But such anxiety seems to have left few permanent scars.

For a sizable minority of physicians, a malpractice suit does change the doctor's attitude toward his patients and his practice.

Here are some representative comments along these lines:

From a pediatrician: "I'm more lawsuit-conscious than ever before. I'm very cautious now about telephone calls. I always have a nurse on the extension listening in as a witness."

From a general practitioner: "I don't feel as free as I did before the suit. I'm now extraordinarily careful in my attitude toward patients. I feel more tension in my practice now."

From an OB/gyn. man: "I'm a little more soured on patients. I now know they want to make a buck. Everything has a dollar value."

Many of the men also admitted that they now try to avoid doing the procedure that they believe caused their trouble.

"I do no more radiation therapy," said a radiologist.

"I'll no longer turn any case of mine back to the referring G.P. for follow-up," said one surgeon.

"I use ether, whenever possible, instead of giving spinals," said an anesthesiologist.

My study indicates that this is the most distressing aspect of the malpractice menace: Doctors who

in nine years

Novahistine hasn't cured a single cold... but it has been prescribed for relief of symptoms

in over 10,000,000 patients*



Novahistine LP tablets begin releasing medication promptly and continue bringing relief for 8 to 12 hours. Two Novahistine LP tablets in the morning and two in the evening will effectively control the average patient's discomfort from a cold. Each tablet contains 25 mg. phenylephrine HCl and 4 mg. chlorprophenpyridamine maleate.

*Based on National Prescription Audits of new Novahistine prescriptions since 1952.

PITMAN-MOORE COMPANY
DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

Novahistine® LP
LONG ACTING

have been burned tend to stop doing valuable procedures. But though the burning hurts, it's seldom as bad as doctors think it's going to be. END

If your hospital loses legal immunity, you lose, too

Your exposure to malpractice suits may be increasing because of state court rulings that strip hospitals of their legal immunity. Reason: If your hospital can be sued for malpractice, you can easily be named as co-defendant. Under some circumstances, the hospital may even involve you in a suit.

The latest state to deprive hospitals of their former immunity from legal action is Ohio. Some twenty states and the District of Columbia had previously repudiated or drastically modified the immunity doctrine. One result of the trend, says Frank J. Kelly, legal counsel for the Dade County Medical Association in Miami, Fla., is this:

"The number of suits against hospitals will greatly increase. And the number of suits against physicians will increase correspondingly—for the simple reason that negligence lawyers sue everyone even remotely connected with such a case."

Another result is reported in New York State, where hospitals lost their immunity several years ago. Says William F. Martin, chief legal counsel to the state medical society: "We've been confronted by a rash of cross-claims by hospitals against doctors on their staffs. In many instances, the hospitals have brought doctors into lawsuits where the patient-plaintiff didn't do so."

Earlier this year, for example, a New York hospital was held liable after a patient had suffered injuries blamed on defective equipment. The attending physician, named as co-defendant, was cleared by a lower court. But the hospital appealed—on the ground that the physician should have been held equally liable and thus forced to pay half the $17,500 award.

Fortunately for him, the appeals court upheld the doctor. But other doctors may now find themselves named as co-defendants if their hospital is sued for malpractice. And, if the trend continues, so may doctors in almost every state in the Union. END



What's she doing that's of medical interest?

She's drinking a glass of pure Florida orange juice. And that's important to her physician for several reasons.

How your patients obtain their vitamins or any of the other nutrients found in citrus fruits is of great medical interest—because there are so many substitutes and imitations for the real thing.

Actually, there's no better way for this young lady to obtain her vitamin C than by doing just what she is doing, for there's no better source than oranges and grapefruit ripened in the Florida sunshine.

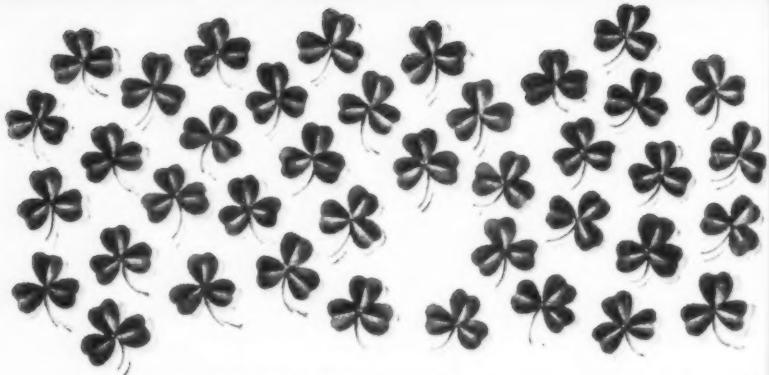
We know that a tall glass of orange juice is just about the best thing a patient can reach for when he or she raids the refrigerator. We also know that if you encourage this refreshing and healthful habit among your patients of any age, you'll be helping them to the finest between-meals drink there is.

Nothing has ever matched the quality of Florida citrus—watched over as it is by a State Commission that enforces the world's highest standards for quality in fresh, frozen, canned, or cartoned citrus fruits and juices.

That's why the young lady's activities are of medical interest.

©Florida Citrus Commission, Lakeland, Florida

XUM



how does* Mellaril *differ from other potent tranquilizers?



Mellaril®

THIORIDAZINE HCl
specific, effective tranquilizer



provides highly effective tranquilization,
relieves anxiety, tension, nervousness,

but is virtually free of such toxic effects as

jaundice
Parkinsonism
blood dyscrasia
dermatitis

"A
tr
du
re
of
in
ic
wi

Su

*Da
a N

XUM

greater specificity of tranquilizing action results in fewer side effects



Virtual freedom of Mellaril from major toxic effects is due to greater specificity of tranquilizing action—divorced from such "diffuse" effects as antiemetic action.

"A new phenothiazine derivative, thioridazine [Mellaril®], was used to treat 71 patients, most of whom were unduly agitated and disturbed due to hospitalization for medical or surgical conditions....The response to treatment was considered satisfactory in 83.4 per cent of patients....In agreement with the published results of other investigators, we believe that thioridazine shows a greater specificity of tranquilizing action and freedom from serious toxic effects when compared with some of the other phenothiazines."*

Supply: MELLARIL Tablets, 10 mg., 25 mg., 50 mg., 100 mg.

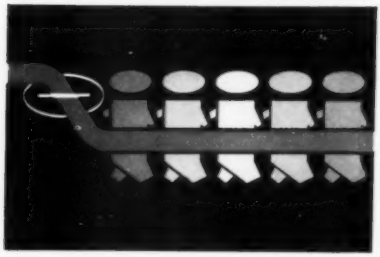
*David, N. A.; Logan, N. D., and Porter, G. A.: Evaluation of Thioridazine (Mellaril), a New Phenothiazine, in The Hospitalized Patient, A. M. & C. T. 7:364 (June) 1960.

SANDOZ

XUM

making
oral blood-sugar
control a reality
for more
diabetics

Diabinese®
brand of chlorpropamide



Science
for the world's
well-being™

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

IN BRIEF

DIABINESE, a potent sulfonylurea, provides smooth, long-lasting control of blood sugar permitting economy and simplicity of low, once-a-day dosage. Moreover, DIABINESE often works where other agents have failed to give satisfactory control.

INDICATIONS: Uncomplicated diabetes mellitus of stable, mild or moderately severe nonketotic, maturity-onset type. Certain "brittle" patients may be helped to smoother control with reduced insulin requirements.

ADMINISTRATION AND DOSAGE: Familiarity with criteria for patient selection, continued close medical supervision, and observance by the patient of good dietary and hygienic habits are essential.

Average maintenance dosage is 100-500 mg. daily. For most patients the recommended starting dose is 250 mg. given once daily. Geriatric patients should be started on 100-125 mg. daily. A priming dose is not necessary and should not be used: most patients should be maintained on 500 mg. or less daily. Maintenance dosage above 750 mg. should be avoided. Before initiating therapy, consult complete dosage information.

SIDE EFFECTS: In the main, side effects, e.g., hypoglycemia, gastrointestinal intolerance, and neurologic reactions, are related to dosage. They are not encountered frequently on presently recommended low dosage. There have been, however, occasional cases of jaundice and skin eruptions primarily due to drug sensitivity; other side effects which may be idiosyncratic are occasional diarrhea (sometimes sanguineous) and hematologic reactions. Since sensitivity reactions usually occur within the first six weeks of therapy, a time when the patient is under very close supervision, they may be readily detected. Should sensitivity reactions be detected, DIABINESE should be discontinued.

PRECAUTIONS AND CONTRAINDICATIONS: If hypoglycemia is encountered, the patient must be observed and treated continuously as necessary, usually 3-5 days, since DIABINESE is not significantly metabolized and is excreted slowly. DIABINESE as the sole agent is not indicated in juvenile diabetes mellitus and unstable or severely "brittle" diabetes mellitus of the adult type. Contraindicated in patients with hepatic dysfunction and in diabetes complicated by ketosis, acidosis, diabetic coma, fever, severe trauma, gangrene, Raynaud's disease, or severe impairment of renal or thyroid function. DIABINESE may prolong the activity of barbiturates. An effect like that of disulfiram has been noted when patients on DIABINESE drink alcoholic beverages.

SUPPLIED: As 100 mg. and 250 mg. scored chlorpropamide tablets.

More detailed professional information available on request.

How your earnings from health plans compare

The typical doctor's income from health plans has more than tripled in four years, MEDICAL ECONOMICS' *Continuing Survey indicates. Here's another in a series of reports based on a scientifically conducted poll of U.S. physicians*

Health plan payments now account for a bigger share of physicians' earnings than ever before. MEDICAL ECONOMICS' Continuing Survey reveals that 23 per cent of the typical doctor's 1959 gross receipts came from voluntary prepayment plans, including Blue Shield and commercial health insurance plans. That's more than double the 10 per cent reported for 1955.

In dollars, the four-year increase is still more impressive, as you can see in the chart at right. The median figure of almost $8,000 for 1959 (which half the surveyed doctors exceeded and half failed to reach) is more than three times the comparable figure for 1955.

What's more, there has been a sharp rise in the number of physicians who count on health plans as a major source of income. Five years ago, about one in five self-employed doctors got at least one-fourth of his practice earnings from health plans. Last year, roughly two in five G.P.s and almost half of all full-time specialists looked to the health plans for a quarter—or more—of their professional income. One in eight G.P.s and one in four specialists actually collected 50 per cent or

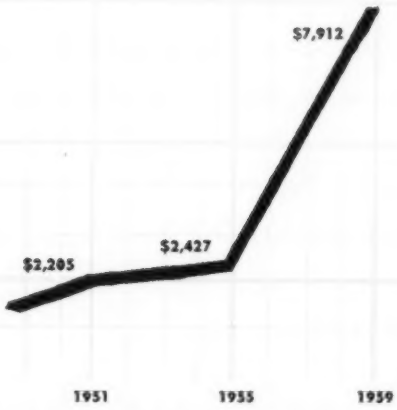
THIS ARTICLE *is copyrighted © 1960 by Medical Economics, Inc., Oradell, N.J. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.*

more of their earnings from health insurance programs. So it's clear that the U.S. physician is becoming increasingly dependent on health plans for a good share of his income.

Other conclusions to be drawn from the survey findings:

¶ Assuming that high earnings reflect high volume, the busiest physicians collect a greater percentage of their earnings from

How physicians' earnings from health plans have risen



Dollar figures represent median earnings from health insurance plans of male, self-employed U.S. physicians. Sources: MEDICAL ECONOMICS' Seventh and Eighth Quadrennial Surveys and MEDICAL ECONOMICS' Continuing Survey.

XUM

Earnings from health plans by income level

Doctors' gross earnings	Share of gross earnings received from health plans by ...	
	G.P.s	Specialists
$50,000 or more	31%	31%
40,000 - 49,999	27	27
30,000 - 39,999	22	19
20,000 - 29,999	17	18
Less than $20,000	13	21
All earnings levels	22	24

Percentages are based on 1959 median earnings from health insurance plans of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.

health plans than do doctors who are less busy.

¶ Broadly speaking, the men who receive the most from the plans are those who do some surgery. Among nonsurgeons, the radiologist seems to be the biggest beneficiary.

¶ Health plan dollars aren't concentrated in the big cities. Small-city, suburban, and rural M.D.s get more of their earnings from the plans than do metropolitan practitioners.

¶ Doctors in the Midwest and Far West continue to collect more from health plans than do their colleagues in other regions. The Southeast and Northeast have made gains over 1955, but they're still trailing.

¶ Doctors in practice less than

ten years get more health-plan money, in proportion to their total earnings, than do older men. (This is a change from 1955, when young and middle-aged doctors recorded identical percentages from the plans.)

• Doctors who work as partners or in groups get significantly greater percentages of their gross from health plans than do solo M.D.s.

MEDICAL ECONOMICS' new Continuing Survey (source of the 1959 statistics cited) supplants this magazine's former Quadrennial Surveys (source of the 1955 statistics cited).

The 1959 study was planned by MEDICAL ECONOMICS' Editors, executed by its Research Department, and supervised by Alfred Politz Research, Inc., of New York. Data

Where you stand on the health-plan-earnings ladder

If health plans pay you this much of your gross income . . .	As a G.P., you're in the top . . .	As a specialist, you're in the top . . .
50% or more	12%	25%
35% or more	22	34
25% or more	43	48
15% or more	63	62
10% or more	78	74
5% or more	91	86
1% or more	97	95

Percentages are based on 1959 median earnings from health insurance plans of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.

How 15 specialties compare in earnings from health plans

	Share of gross earnings received from health plans		Share of gross earnings received from health plans
Allergy	6%	Orthopedic surgery	34%
Dermatology	11	Pediatrics	8
Ear, nose, throat	25	Plastic surgery	34
General surgery	62	Psychiatry	13
Internal medicine	15	Radiology/roentgenology	34
Neurosurgery	30	Thoracic surgery	55
Obstetrics & gynecology	36	Urology	42
Ophthalmology	13	All specialties	24

Percentages are based on 1959 median earnings from health insurance plans of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.

were gathered in the following manner:

Questionnaires went to a scientifically selected sample of 23,696 active M.D.s in the United States. Returns were received from 3,199 (14 per cent). Accepted statistical tests showed that the respondents were near-typical of U.S. physicians. Subsequent weighting for known characteristics of the physician-population relative to geographical area and type of practice made the final sample, upon which the survey findings were based, altogether typical.

How earnings from health plans vary by location

Type of location	Share of gross earnings received from health plans by ... G.P.s	Specialists
Urban (500,000 or more pop.)	15%	17%
Urban (under 500,000 pop.)	26	28
Suburban	22	22
Rural	21	35
All types of location	22	24

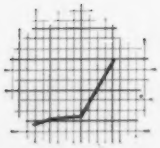
How earnings from health plans vary by practice set-up

Practice set-up	Share of gross earnings received from health plans by ... G.P.s	Specialists
Solo practice	20%	21%
Two-man partnership	25	30
Larger partnership or group	*	33
All practice set-ups	22	24

Percentages are based on 1959 median earnings from health insurance plans of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey. *No percentage given.

More▶

XUM



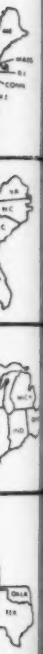
How earnings from health plans vary by years in practice

Years in practice	Share of gross earnings received from health plans by . . . G.P.s	Specialists
1 - 9	23%	27%
10 - 19	23	24
20 or more	18	18
All years	22	24

Percentages are based on 1959 median earnings from health insurance plans of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.

How earnings from health pla

Northeast		17
Southeast		16
Midwest		23
West		32
All regions		22



plans vary by region and specialty

Share of gross earnings received from health plans by . . .					
G.P.s	All specialists	General surgeons	Internists	OB/gyn. men	Pediatricians
17%	21%	66%	16%	34%	9%
16	22	50	9	34	6
23	25	63	17	39	9
32	30	66	15	41	8
22	24	62	15	36	8

Percentages are based on 1959 median earnings from health insurance plans of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey. END

XUM



A

AMB
cou
relie
resp
Amb
the
and
AMBE
• soo
• dec
torat
taste

XUM

for every phase of cough... comprehensive relief

AMBENYL® EXPECTORANT

AMBENYL EXPECTORANT quickly comforts the coughing patient because it is formulated to relieve all phases of cough due to upper respiratory infections or allergies. Combining Ambodryl®—potent antihistaminic; Benadryl®—the time-tested antihistaminic-antispasmodic; and three well-recognized antitussive agents, AMBENYL EXPECTORANT:

• soothes irritation • quiets the cough reflex • decongests nasal mucosa • facilitates expectoration • decreases bronchial spasm • and tastes good, too.

Each fluidounce of AMBENYL EXPECTORANT + contains:

Ambodryl® hydrochloride (bromodiphenhydramine hydrochloride, Parke-Davis)	24 mg.
Benadryl® hydrochloride (diphenhydramine hydrochloride, Parke-Davis)	56 mg.
Dihydrocodeinone bitartrate	⅛ gr.
Ammonium chloride	8 gr.
Potassium guaiacolsulfonate	8 gr.
Menthol	q.s.
Alcohol	5%

Supplied: Bottles of 16 ounces and 1 gallon.

Dosage: Every three or four hours—adults, 1 to 2 teaspoonfuls; children ½ to 1 teaspoonful.

+ Exempt narcotic

PARKE, DAVIS & COMPANY
Detroit 32, Michigan

PARKE-DAVIS

XUM



A variety of diet dishes to choose from. Ham 'n' egg rolls, eggplant casserole, garden beans, oyster stew, gelatin and—beer!

The secret of a successful low-purine diet is acceptance

The acceptance of any diet depends on its appetite appeal. And this low-purine diet is unusually appetizing! Ham rolls stuffed with scrambled eggs or chilled egg salad make a delicious entrée, as does a casserole of eggplant and tomato layered alternately with cottage cheese.

A dash of lemon juice flavors fresh vegetables like string beans and beets. Fresh skim milk mixed with dry skim milk powder adds a "creamy" taste to oyster stew. Tuna-burgers go well with noodles. Fruits and gelatins make easy desserts, while corn and rice flakes brighten breakfasts.



With your approval, a glass of beer can add zest to your patient's diet.
104 calories,
17 mg. Sodium/8 oz. glass
(Average of American Beers)

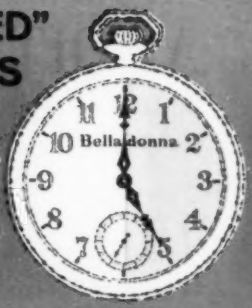
United States Brewers Foundation

If you'd like reprints of this and 11 other different diet menus for your patients, write United States Brewers Foundation, 535 Fifth Avenue, N.Y. 17, N.Y.



"TIME-MATCHED" COMPONENTS

for smoother management of smooth muscle spasm



BUTIBEL®

TIME-MATCHED — ANTISPASMODIC / SEDATIVE — COMBINATION

BUTIBEL combines two essentially synchronous components—belladonna extract and BUTISOL® Sodium. One or two tablets one-half hour before meals and at bedtime assures smooth, uninterrupted control of gastrointestinal spasm through the day and during the night.

Similar preparations containing phenobarbital, which has three times the duration of action of belladonna, must either build up a cumulative sedative burden or leave patients for long hours without effective antispasmodic protection.

By contrast, BUTIBEL, with its time-matched components, gives full, continuous antispasmodic *and* sedative action for smooth control of functional gastrointestinal disorders.

BUTIBEL: *beliadonna extract . . . 15 mg. and* BUTISOL Sodium® *butabarbital sodium* . . . *15 mg.*

BUTIBEL Tablets • Elixir • Prestabs® Butibel R-A (Repeat Action Tablets)

McNEIL

McNEIL LABORATORIES, INC. Philadelphia 32, Pa.

ADDITIONAL DATA

On the comparison of Potassium Penicillin V and Synthetic Penicillin

1 *On antibacterial activity in the serum*

In a recent, follow-up study[1] involving a number of penicillins, McCarthy and Finland compared the antibacterial activity of potassium penicillin V and synthetic penicillin. They wrote: "Penicillin V provided greater activity than phenethicillin [synthetic penicillin] against the streptococcus and pneumococcus, at least equivalent activity against staphylococcus and sarcina in the serum and the same or greater activity in the urine although the concentrations of phenethicillin were higher and a slightly greater proportion of the latter was recovered from the urine."

In other comment on the two penicillins, they stated: "Thus, although the claim of better absorption and excretion and higher serum level of phenethicillin may be partly correct, strictly speaking, this is true in a very restricted sense and is therapeutically meaningless. Indeed the claim is misleading since it clearly implies greater antibacterial and presumably curative activity, which, in fact, the drug does not possess..."

In an earlier study,[2] the same investigators found that the two penicillins "are absorbed in essentially the same manner in normal men and produce comparable levels of antibacterial activity in the serum."

A direct laboratory comparison[3] by Abbott scientists revealed a measurable difference in activity, milligram for milligram, between the two penicillins *in vitro*. Against four pathogenic strains (staphylococcus, streptococcus, pneumococcus, and corynebacterium species), potassium penicillin V exhibited from two to eight times the antibacterial activity of synthetic penicillin. In another study, Griffith[4] found that the penicillin V not only produced peak levels of serum antibacterial activity faster, but produced values almost half again as high as those obtained with synthetic penicillin.

2 *On resistance to penicillinase*

In another recent report, Geronimus[5] commented on this aspect of the new penicillin. He concluded after analyzing the current data: "Very large concentrations of alpha-phenoxyethyl penicillin (phenethicillin or penicillin-152) were required to inhibit even so-called moderately penicillin-resistant staphylococci when populations were employed that approached those found *in vivo*. Inferences regarding the possible effectiveness of phenethicillin in infections by penicillinase-producing staphylococci drawn by others from experiments with relatively minute inocula were found to be unwarranted."

McCarthy et al.[2] reached a similar conclusion stating: "Both of these penicillins [potassium penicillin V and phenethicillin] are qualitatively similar to penicillin G in their susceptibility to penicillinase produced by *Staphylococcus aureus*."

At Abbott, investigators studying the same subject,[3] found that the rate of destruction of all three penicillins was so great any differences were of no therapeutic significance.

XUM

COMPOCILLIN®-VK

(Potassium Penicillin V)
offers greater antibacterial activity against penicillin-sensitive organisms

3 *On the comparative safety of oral penicillin*

In 1957, a nationwide survey[6] of antibiotic reactions was made. One of the conclusions reached by the investigators in regard to penicillin reactions was: "It is clear also that the oral route is the much safer method of administration, both from the standpoint of numbers of reactions and of mortality." Neither this survey, nor any evidence presented since, indicates that any form of oral penicillin is less allergenic than another oral form.

4 *On the recent claims of synthetic penicillin*

Recently, the New England Journal of Medicine editorially reviewed the status of the two penicillins.[7] The article concluded: "It thus appears that the major claims of phenethicillin over penicillin V are not well founded. More data are needed to permit a complete comparison of these and other penicillins, particularly in their effects on infections caused by penicillinase-producing staphylococci, but it is fair to say that the new, so-called synthetic penicillin possesses no demonstrated virtue of importance that should impel one to choose over other available forms."

And in England, where synthetic penicillin was first discovered and marketed, the British Medical Journal (after studying a commercial brochure) editorialized: "There is no evidence of any activity superior to that of other penicillins against Gram-negative species, and what differences there are against sensitive species are in favour of penicillin G or V or both; this applies to all varieties of streptococci tested."[8]

5 *On the advantages of Compocillin-VK*

Compocillin-VK (potassium penicillin V) offers early, high concentrations of serum antibacterial activity against penicillin-sensitive organisms. Following appropriate doses, initial activity levels are higher than those obtained with intramuscular penicillin G. And normally, patients respond just as well as with the injectable.

Additionally, Compocillin-VK (potassium penicillin V) offers an easy-to-take form for every patient, any age. It comes as tiny, Filmtab® tablets, 125 mg. (200,000 units) and 250 mg. (400,000 units). And as granules for Oral Solution. When reconstituted, each tasty 5-ml. teaspoonful provides a fresh, cherry-flavored solution containing 125 mg. of potassium penicillin V.

1. McCarthy, C. G., and Finland, M., Absorption and Excretion of Four Penicillins, New England J. Med., 263:315, August 18, 1960.

2. McCarthy, C. G., Hirsch, H. A., and Finland, M., Serum Levels After Single Oral Doses of 6-(a-Phenoxypropionamido) Penicillinate and Penicillin V, Proc. Soc. Exper. Biol. Med., 103:177, January, 1960.

3. Laboratory Records, Microbiology Department, Abbott Laboratories.

4. Griffith, R. S., Comparison of Antibiotic Activity in Sera after the Administration of Three Different Penicillins, Antibiot. Med. & Clinical Therapy, 7:129, February, 1960.

5. Geronimus, L. H., Inoculum Size and the Apparent Sensitivity of Staphylococci to Penicillins, New England J. Med., 263:349, August 18, 1960.

6. Welch, H., Lewis, C. N., Weinstein, H. I., Boeckman, B. B., Severe Reactions to Antibiotics—A Nationwide Survey, Antibiotics Annual, 1957-58, p. 296.

7. Editorial: New "Synthetic" Penicillin, New England J. Med., 263:361, Aug. 18 1960.

8. Editorial: A New Penicillin, Brit. M. J., 2-940, Nov. 7, 1959.

®FILMTAB—FILM-SEALED TABLETS, ABBOTT.

ABBOTT

011294

XUM



Don't forget you

You're probably carrying a heavy insurance load. But are you covered against accidents on your office premises?

By Robert Zacks

Do you carry public liability insurance protection? None of the doctors involved in the following accidents did:

▶ In the reception room of a New York City physician, a 5-year-old boy saw a stuffed toy dog on top of a bookcase. As his mother read a magazine, the child climbed a chair, reached up, then fell to the floor. Result: a compound fracture of the wrist. *Cost to the doctor: $2,300.*

▶ In a Los Angeles surgeon's office, a little girl took a rubber band and some paper clips from the receptionist's desk and amused herself by shooting the metal clips out the window. One of the clips tore into the eyeball of a passer-by. *Cost to the surgeon: an undisclosed but substantial out-of-court settlement.*

▶ In the office of a general practitioner in Texas, a housewife went into a lavatory to wash her hands. The paper towels were used up, so she flipped the light switch with wet hands. It was defective, and the slight electric shock so startled her that she jumped back, slipped, and badly smashed her nose. *Cost to the doctor: $12,000.*

Each of the above physicians had to pay out a large sum simply because he didn't realize he needed public liability coverage as much as he needed professional liability insurance. Possibly none of them knew that malpractice insurance doesn't cover liability for office accidents that don't arise out of

et your public liability!

performing professional services.

Yet the National Safety Council reports that in 1959 there were over 4,000,000 disabling accidents in homes and offices. A doctor's reception room, lavatories, porch, and lawn come under that category—even, sometimes, when he merely rents such premises. And accidents often result in damage claims.

Only a comprehensive liability insurance program can cover all possible accident claims. That means you should carry an office liability policy, at the very least. If your office is in your home, tell your insurance agent that you want a liability policy written for your residence "with incidental professional occupancy." And tell him that you want it to cover all possi-

Public or professional liability?

When an accident occurs in your office, you may wonder whether it's covered by your public liability insurance or by your malpractice policy. Broadly speaking, this is the difference between the protection each policy gives you:

If a patient trips and injures himself in your office *before or after you see him*, the accident is probably covered by the public liability policy. But if he does so *while undergoing treatment*, the accident probably involves your malpractice insurance.

In borderline cases, your best protection is to have both policies with the same company.

XUM

ble claims up to the point where your malpractice insurance takes over.

One reason you need such broad coverage is that there are no set rules for determining the extent of negligence under the law. Since a plaintiff's attorney can almost always find a prior decision that will bolster his side of the case, the defense is usually at a disadvantage.

Theoretically, visitors to a doctor's office are supposed to avoid a recognizable risk. But this theory is open to so many interpretations that it's almost useless in the courtroom. For example, would you call the physician negligent in either of the following cases?

1. In Atlanta, Ga., a doctor's reception room became unpleasantly warm when the air conditioner failed. A patient tried to open the window, which had been sealed when the air conditioner was installed. As the patient pushed, he shot his arm through the glass pane and gashed his wrist tendons.

2. In Miami, Fla., a man wait-

Are you protected against incidents like these?



She playfully shot a paper clip and hit another child in the eye.



Recoiling from a faulty switch, she fell on the slippery floor.

ing for his physician to examine him passed the time by cleaning his nails. A fly buzzed in through an unscreened window, and the man swatted at it with the hand in which he held his nail file. It gashed the face of his wife, who was seated beside him.

You may feel certain that neither doctor was negligent. But the first physician had to pay $4,000 in damages; the second, $1,100.

So there's no sure defense in a negligence case. Public liability insurance is the only answer. And the wise physician places that insurance with the same firm that handles his malpractice coverage. Reason: There may be a question about which policy covers a specific injury. If the doctor's policies are with the same company, there's less likelihood that payment will be held up by a time-consuming jurisdictional dispute.

As for the cost of public liability insurance, rates vary widely—but they're always based on a "per 100 square feet of office" measurement. Basic limits of coverage for



Trying to open a jammed window, he put his arm through the glass.



While filing his nails, he slapped at a fly—and scratched his wife.

bodily injury are $5,000 per individual claim and a total of $10,000 for any one accident. For property damage, the basic limit is $5,000 an accident.

Let's say your office is separate from your home and consists of 1,000 square feet. If it's located in one Connecticut area, your premium for basic coverage for bodily injury will amount to $23.30 a year. In some parts of New York, similar coverage costs only $15.20; in New Jersey, $16.40; in Pennsyl-

Juries are jacking up liability awards

Why should you carry public liability insurance? One excellent reason is that awards in these personal liability cases are on the rise. As an example, look at the difference between the average awards in the New York State Supreme Court's ten districts for the years 1940 and 1959:

District	1940	1959
First	$6,518	$23,673
Second	3,740	21,603
Third	3,209	9,296
Fourth	2,512	6,830
Fifth	1,497	4,697
Sixth	1,157	4,551
Seventh	2,145	5,257
Eighth	1,582	5,894
Ninth	2,878	20,003
Tenth	7,025*	10,110

*1949 figure.

inner protection



Tain

(Triacetyloleandomycin, Triaminic® and Calurin®)

to contain the bacteria-prone cold

safe antibiosis

Triacetyloleandomycin, equivalent to oleandomycin 125 mg. This is the URI antibiotic, clinically effective against certain antibiotic-resistant organisms.

fast decongestion

Triaminic®, 25 mg., three active components stop running noses. Relief starts in minutes, lasts for hours.

well-tolerated analgesia

Calurin®, calcium acetylsalicylate carbamide equivalent to aspirin 300 mg. This is the freely-soluble calcium aspirin that minimizes local irritation, chemical erosion, gastric damage. High, fast blood levels.

TAIN brings quick, symptomatic relief of the common cold (malaise, headache, muscular cramps, aches and pains) especially when susceptible organisms are likely to cause secondary infection. Usual adult dose is 2 Inlay-Tabs, q.i.d. In bottles of 50. Rx only. Remember, to contain the bacteria-prone cold...TAIN.

SMITH-DORSEY • Lincoln, Nebraska
a division of The Wander Company

XUM

vania, $13.70; in Florida, $8.60; in Illinois, $6.50; in South Dakota, only $5. Higher premiums will provide you with more protection, of course.

How much protection should a doctor have? A study of recent verdicts for plaintiffs by juries in the New York Supreme Court reveals two interesting patterns.

First of all, in every one of the court's ten districts, the average amount awarded plaintiffs went way up between 1940 and 1959. As the accompanying table shows, the increases run as high as 600 per cent.

In the second place, there's an enormous variation from district to district in the amounts of jury awards. What may be adequate insurance coverage in one district may be far from enough in another.

Considering the low cost of protection, then, you'd better carry enough to pay the highest amount recently awarded by a jury in your district. You might even want to increase your coverage each year after consultation with your insurance broker.

Meanwhile, why not pick up your phone right now and ask him if you're protected against the next patient who trips over a loose board in your office hallway? END

Here's a go-now-pay-later plan for college costs

Thinking of buying an endowment policy for your child, to make sure he has money for his college education? A new go-now-pay-later variation of the endowment may appeal to you. It uses a rider on one of your existing policies to provide the educational funds. And the premiums don't have to be paid in full until *after* your youngster has been graduated.

For example, suppose you're 35 years old and have an 8-year-old boy. You want to make sure he'll have $10,000 for his college education in another ten years. If you did this through a standard endowment policy on yourself, it might cost you about $1,058 a year, before dividends, for ten years. Under the new plan, you can spread the payments over a seventeen-year period—till your son reaches 25. The cost will be only $653 annually.

Meanwhile, the boy will start collecting $2,500 a year when he

by every standard

the drug for "morning sickness"

Bonine

brand of meclizine hydrochloride



only rarely does one drug meet so well the needs of one condition

IN BRIEF

BONINE is an antiemetic which provides rapid and prolonged protection against nausea and vomiting due to a variety of causes. A single dose of **BONINE** is usually effective for 24 hours. Thus, **BONINE** can be taken at bedtime to help prevent "next morning" sickness.

INDICATIONS: Valuable in the symptomatic relief of nausea and vomiting of pregnancy. Also indicated for motion sickness, radiation sickness, vertigo associated with Ménière's syndrome, labyrinthitis, fenestration procedures, vestibular dysfunction, and dizziness associated with cerebral arteriosclerosis.

ADMINISTRATION AND DOSAGE: For control of nausea and vomiting of pregnancy, a daily dose of 25 to 50 mg. is usually effective. For dosage schedules in other indications, see package insert.

SIDE EFFECTS: Not a phenothiazine, the side effects reported in association with **BONINE** have been mild and/or transient and consist of occasional drowsiness, dryness of the mouth, and blurred vision. Drowsiness is seen less frequently with **BONINE** in therapeutic dosages than with most other effective antiemetics.

PRECAUTIONS: As with other antihistaminic compounds, the physician should inform patients of the need for caution in driving a car or when engaged in other activities requiring alertness. There are no known contraindications to **BONINE**.

SUPPLIED: **BONINE** Tablets, scored, tasteless, 25 mg. **BONINE** Chewing Tablets, mint-flavored, 25 mg. **BONINE** Elixir, cherry-flavored, 12.5 mg. per teaspoonful (5 cc.).

More detailed professional information available on request.

Science for the world's well-being™

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

becomes 18. He'll get that sum each year for four years. The policy to which the educational rider is attached serves as collateral for the unpaid premiums. In case a policyholder doesn't complete the payments on the rider, the company can take the balance due from the cash value of the policy.

This rider is now available to policyholders of only one concern, Home Life Insurance Company of New York. But the plan has been approved by most state insurance departments. So there should soon be more insurers offering similar coverage.

Should you convert your G.I. term insurance?

If you still have your G.I. term life insurance, you've probably wondered whether or when to convert it to a permanent policy, such as straight life. Consider converting it *now*, advises the V.A.

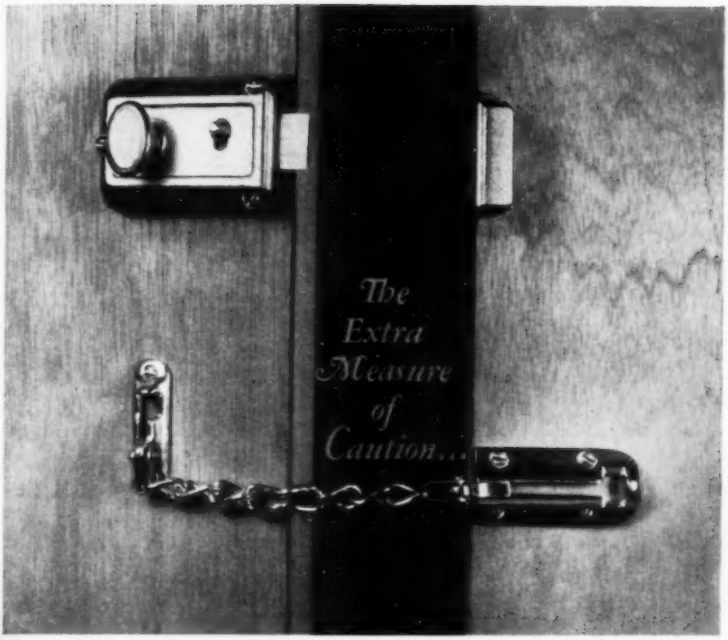
More than 3,600,000 veterans

even
"indians"
like
cherry-flavored®
VI-TYKE
LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl (B_1) 1.5 mg. • Riboflavin (B_2) 1.5 mg. • Pyridoxine HCl (B_6) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin B_{12} 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthenol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form: PEDIATRIC DROPS—50 cc. bottle.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY,
Pearl River, New York





Tetracycline now combined with the new, more active antifungal antibiotic—Fungizone—for broad spectrum therapy / antimonilial prophylaxis

New Mysteclin-F provides this added antifungal protection at little increased cost to your patients over ordinary tetracycline preparations.

Available as: MYSTECLIN-F CAPSULES (250 mg./50 mg.) MYSTECLIN-F HALF STRENGTH CAPSULES (125 mg./25 mg.) MYSTECLIN-F FOR SYRUP (125 mg./25 mg. per 5 cc.) MYSTECLIN-F FOR AQUEOUS DROPS (100 mg./20 mg. per cc.)

NEW For complete information, consult package insert or write to Professional Service Department, Squibb, 745 Fifth Avenue, New York 22, N. Y.

MYSTECLIN-F

Squibb Phosphate-Potentiated Tetracycline (SUMYCIN) *plus* Amphotericin B (FUNGIZONE)

SQUIBB *Squibb Quality — the Priceless Ingredient*

'MYSTECLIN'®, 'SUMYCIN'® AND 'FUNGIZONE'® ARE SQUIBB TRADEMARKS

of both World Wars and the Korean War still retain the term coverage. Most can convert at any time. To explain why it believes they should act soon, the V.A. cites the current plight of many of the World War I veterans who have kept their term policies:

At retirement age, they face the prospect of increased premiums every five years during a period when their incomes are almost certain to shrink. If they're forced to drop the insurance, they'll get nothing from it. But if they had switched some years ago, they'd now be paying a lower—and a stable—premium for permanent coverage that builds up a cash value.

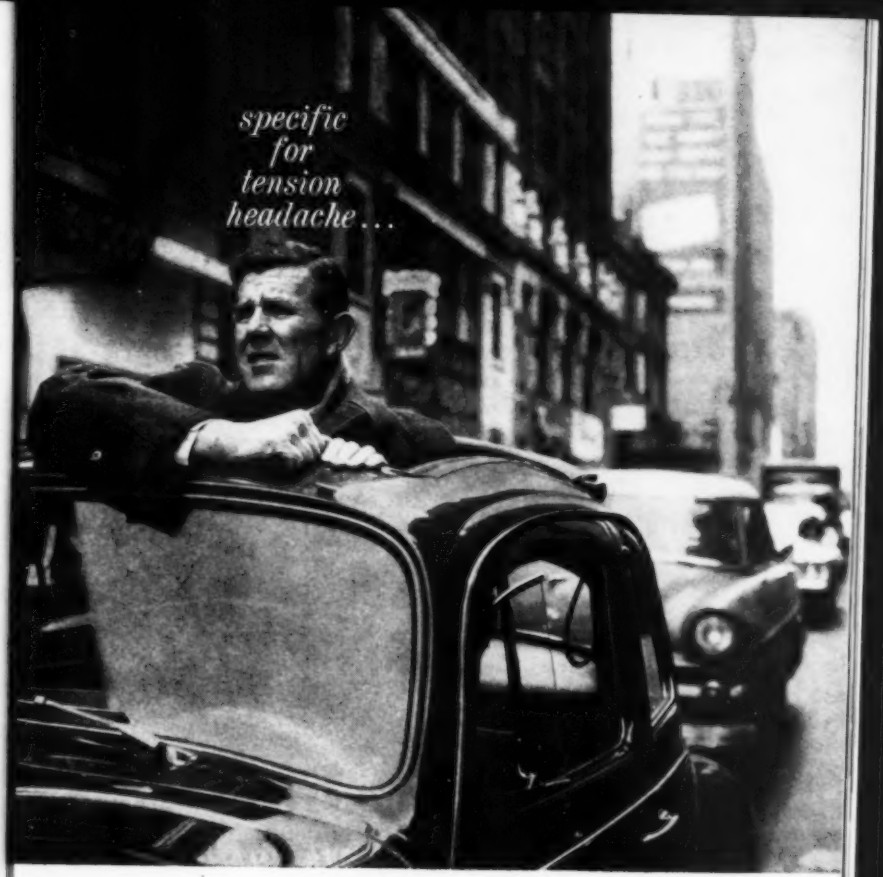
Private insurance advisers don't necessarily agree with the V.A. view. Some believe there's no more reason for converting a G.I. term policy than for converting any other kind of term coverage. Particularly for the younger man, they say, the extra cost of straight life insurance isn't justified. Their recommendation:

If you still own a five-year renewable G.I. term policy, keep it in force. It provides $10,000 worth of inexpensive temporary protection. What you save on premiums through nonconversion can go into investments that grow with the economy.

But, adds one insurance adviser, "If you suspect that you're likely to be buying more straight life insurance in any case, better take the V.A.'s advice. Permanent G.I. coverage is a lot less costly than any conventional policy." END

Surgical assistant

The mother of a patient scheduled for spinal anesthesia and a bilateral hernia operation sent me this note: "He had a bad case of whooping cough causing a clot on the brain, which caused convulsions. They used a needle on the spine to relieve pressure on the brain. It left him with chronic bronchitis and a trick knee. I thought you should know this before surgery." —ARCH W. DIACK, M.D.



FIORINAL®

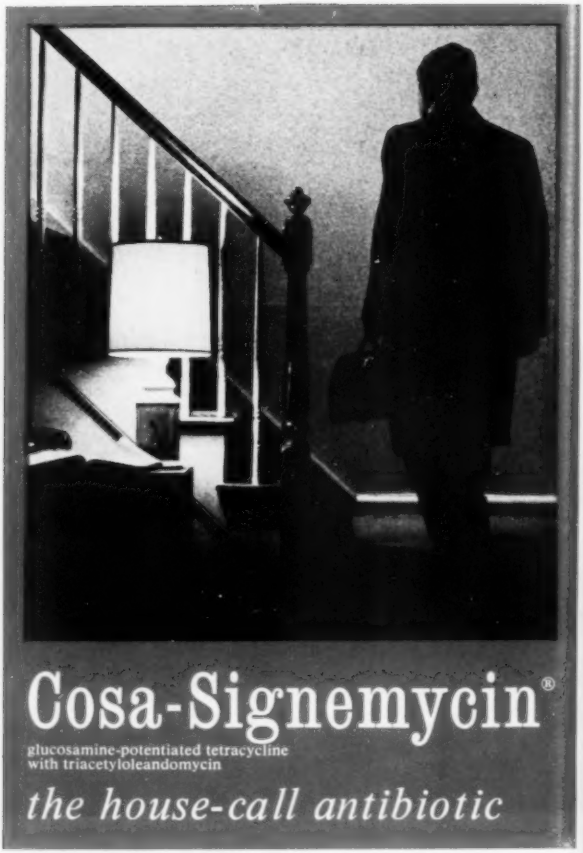
relieves pain, muscle spasm, nervous tension

rapid action · non-narcotic · economical

"We have found caffeine, used in combination with acetylsalicylic acid, acetophenetidin, and isobutylallylbarbituric acid, [Fiorinal] to be one of the most effective medicaments for the symptomatic treatment of headache due to tension."
Friedman, A. P., and Merritt, H. H.: J.A.M.A. *163*:1111 (Mar. 30) 1957.

SANDOZ

Available: Fiorinal Tablets and New Form—Fiorinal Capsules
Each contains: Sandoptal (Allylbarbituric acid N.F. X) 50 mg. (3/4 gr.), caffeine 40 mg. (2/3 gr.), acetylsalicylic acid 200 mg. (3 gr.), acetophenetidin 130 mg. (2 gr.).
Dosage: 1 or 2 tabs. or caps. every 4 hours, according to need, up to 6 per day.



Science
for the world's
well-being™

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

IN BRIEF

Cosa-Signemycin is an effective, wide-range antimicrobial combination of glucosamine-potentiated tetracycline and oleandomycin as triacetyloleandomycin in a two-to-one ratio. Cosa-Signemycin is useful in infections where susceptibility testing is impractical and delay in therapy is undesirable.

INDICATIONS: Cosa-Signemycin is indicated in a wide array of infections which have responded to Signemycin (a two-to-one combination of tetracycline and oleandomycin). Clinical success with Signemycin has been reported in respiratory, genitourinary and surgical infections, amebiasis and lymphogranuloma venereum, and dental infections caused by susceptible organisms.

ADMINISTRATION AND DOSAGE: In adults, a dosage of 1 to 2 Gm. daily is usually effective. In severe infections, higher dosages (up to 3 Gm. daily) may be used. For infants and children, a dosage providing 10 to 20 mg./lb. of body weight daily should be adequate. Children and adults should receive Cosa-Signemycin in four equal portions at intervals of 6 hours. Therapy should be continued for at least 24 to 48 hours after symptoms and fever have subsided. In streptococcal infections, therapy should be continued for 10 days to help prevent development of rheumatic fever.

SIDE EFFECTS: Glossitis, dermatitis and other allergic reactions may occur but are rare. Discontinue medication if an adverse reaction, individual idiosyncrasy, or allergy occurs. If encountered, gastrointestinal disturbances may be minimized by reducing the individual dosage and administering it at more frequent intervals.

PRECAUTIONS: The use of antibiotics may occasionally allow overgrowth of nonsusceptible organisms, particularly monilia and resistant staphylococci. Patients should therefore be carefully observed for possible superinfection. Should such an infection appear, Cosa-Signemycin should be discontinued and a therapeutic trial of another antibiotic should be instituted on the basis of susceptibility tests.

SUPPLY: 250 MG. CAPSULES, each containing 167 mg. of glucosamine-potentiated tetracycline hydrochloride and 83 mg. of oleandomycin as triacetyloleandomycin; 125 MG. CAPSULES each containing 83 mg. of glucosamine-potentiated tetracycline hydrochloride and 42 mg. of oleandomycin as triacetyloleandomycin; COSA-SIGNEMYCIN ORAL SUSPENSION containing 125 mg. of Cosa-Signemycin per teaspoonful (5 cc.) of reconstituted suspension (glucosamine-potentiated tetracycline equivalent to 83 mg. of tetracycline hydrochloride and 42 mg. of oleandomycin as triacetyloleandomycin) in a 2 oz. (60 cc.) bottle; COSA-SIGNEMYCIN PEDIATRIC DROPS containing 100 mg. of Cosa-Signemycin per cc. (5 mg. per drop) of reconstituted suspension (glucosamine-potentiated tetracycline equivalent to 67 mg. of tetracycline hydrochloride and 33 mg. of oleandomycin as triacetyloleandomycin) in a 10 cc. bottle with a calibrated plastic dropper.

More detailed professional information available on request.

Advise your son to study medicine?

Read the arguments of these fathers (writing under pen names), one a California pediatrician who says 'No,' the other an East Coast specialist who replies 'Yes'



No

By Allan Dorsee, M.D.

Sooner or later, many a doctor must decide whether or not he'll encourage his son to become a physician. I've already made *my* decision. I shall advise him not to.

After considering all aspects of the question, I'm forced to conclude that my child wouldn't be happy in the medical world of the future. There are three reasons why I believe this is so:

1. He wouldn't be esteemed as physicians once were.

Whatever the field of endeavor, success can't be measured in dollars and cents alone. We wouldn't be human if we didn't also yearn for the respect of our fellow men. Yet it's no secret that the word "doctor" arouses suspicion and jealousy instead of admiration in the mind of today's layman.

Unfortunately, the doctor can look forward to less and less of this intangible measure of success. He has been placed on the defensive. People have adopted a cut-him-down-to-size attitude. Understand-

ing practically nothing of what he stands for, they nevertheless blatantly display their resentment of him—and particularly of his apparent affluence. "Why should *he* make so much money?" they shout.

The physician, I'm afraid, has been assigned the role of scapegoat in the changing morality of our day. People who unashamedly profess that the world owes them a living can't be expected to look with favor on anyone who has succeeded by his own initiative.

2. He'd be caught in an economic vise.

Would my son be able to make a comfortable livelihood from the practice of medicine? I feel that he probably would. But two other questions must follow: Could he anticipate earnings commensurate with the time, effort, and money that would be needed to establish his practice? Mightn't he do better to expend the same amount of time, effort, and money in a *different* field of endeavor?

As we all know, the costs of medical education and practice are enormous. Moreover, they're increasing faster than most other costs. To cite just one example: The average annual tuition fee for American medical schools has climbed 32 per cent in the past ten years, while the cost of living index has risen only 17 per cent.

But costs aren't my primary economic concern. I'm more worried about certain forces that seem destined to wreak havoc on the economic structure of our profession. Such forces are being applied from within the profession and from outside it, too.

Within medicine itself, economic pressures are being exerted on independent practitioners by such closed-panel prepayment plans as Permanente and the Health Insurance Plan of Greater New York. Such plans are obviously here to stay—and will probably grow. What's more, organized labor will certainly bring about the defection of enough physicians to its clinics and hospitals to establish itself as a serious economic threat. Also, the trend toward more and larger group practices will add still another economic pinch.

I've described the above forces as arising from *within* the profession for this reason: If the individual physicians who service such groups saw fit *not* to do so, then

these groups couldn't exist—and therefore couldn't exert any pressures. By the same token, the squeeze put on us by hospitals and insurance companies is artificial in that it depends on doctors' voluntary cooperation; there's no legal compulsion here, either.

The only real pressure from *outside* the profession stems from the entry of Government into the business of medicine. And here, brother, you don't volunteer. You do as you're told!

I'm not wise enough to argue the inequities of a tax structure that taxes individual physicians' initiative. And I'm frankly confused about the extended care that the Government offers our war veterans. But I can accept the principle that, since the Government is giving or lending money to build private hospitals, it must have the authority to pass on any application for such funds. And I suppose that if the Government wants to offer its employes a choice of medical insurance plans, that's its privilege.

Still, I'd be blind if I couldn't see that the trend is toward more extensive government control of our economic destiny. As such control grows, the individual physician's opportunity will diminish. I see no reason to push my son into such economic uncertainty.

3. He wouldn't enjoy practicing medicine.

Let's disregard the question of economic security. Let's disregard the unsavory reputation with which the public has clothed us medical men. I must still face this question: Will my child be in a position to enjoy medical practice for its own sake? Will he be able to take pride in his accomplishments?

Frankly, I doubt it. My own feeling is that medicine will become less and less individualized, more and more commercialized. I fear that the doctor may find himself selling a commodity, rather than practicing an art.

Many things will detract from the future physician's ability to find pleasure in his work. There'll be his ever-increasing volume of nonprofessional chores; the need to justify himself in the layman's eyes; the growing malpractice threat; and the increasing socialization of medicine. Because of all these factors, the quality of medicine—as an art, at least—must suffer.

I firmly believe that the practice

XUM


no constipation here
Everyone—young or old—likes pleasant-tasting, marshmallow-flavored Agoral. Taken at bedtime, it works effectively and gently overnight to produce a normal bowel movement on arising next morning.
agoral®
the gentle laxative
WARNER CHILCOTT
MORRIS PLAINS, N.J.
AG-MS04

of medicine will become a burden to the doctor of the future. As he gets less and less personal satisfaction from his daily work, the monotony of it will overwhelm him. Could my son hope for happiness under such circumstances? I happen to think not. And I shall advise him accordingly.



Yes

By Henry Miller, M.D.

My son wants to be a doctor. I haven't urged him to—but I'm glad he's starry-eyed about the heritage of our profession. It shocks me to hear that Dr. Dorsee intends to discourage *his* son from studying medicine.

My colleague gives three reasons for his decision: (1) physicians no longer enjoy high public esteem; (2) they are "caught in an economic vise"; and (3) his son wouldn't *enjoy* the practice of medicine.

According to Dr. Dorsee, the chief reason for the physician's low prestige today is public resentment of his "affluence." But how can this be so when he's "caught in an economic vise"? Dr. Dorsee is confused. If one of these two points is valid, the other isn't.

Sure, the continued growth of health insurance plans will tend to limit the physician's income. But if Dr. Dorsee sees the doctor's prosperity as the reason for his present low status, he must also see that this trend toward plainer living and higher thinking is bound to raise the M.D.'s prestige.

Clearly, the elder Dorsee is chiefly concerned about his son's future *earnings*. If he were truly interested in *prestige*, he'd urge the boy to become a doctor and to return to the intellectual life doctors once represented. This would allow the young man to share the pedestal on which the public has placed the clergyman, the college professor, and the research scientist.

Let's consider another of my



anorectal comfort

To shorten total treatment time in hemorrhoids, proctitis and pruritus ani, *start* treatment with Anusol-HC (2 suppositories daily/3-6 days) — then *maintain* lasting comfort with regular Anusol (1 suppository morning, evening and after each bowel movement). Neither product contains analgesics or narcotics, will not mask symptoms of serious rectal pathology.

Anusol®
hemorrhoidal suppositories and unguent

Anusol-HC®
dependable Anusol suppositories w/hydrocortisone

WARNER CHILCOTT
MORRIS PLAINS, N.J.

AN-MS04

XUM

colleague's arguments: More and larger group practices, he says, will put "an economic pinch" on the solo man. Maybe so. But must Dorsee Junior practice solo merely because Dorsee Senior does?

Doctors are entering group practice because the income is more secure, because there's more opportunity for free time, and because group facilities encourage broader professional skills. These things make medical practice more enjoyable. Someone ought to tell young Dorsee about them in spite of his father's apparent bias against groups.

Dr. Dorsee's final reason for op-



"I'm positive I heard a giggle!"


opens closed noses
In common colds or allergies, anti-infective Biomydrin opens nasal passages *in minutes*... faster than oral decongestants ...without causing tolerance or sensitization. And there's no rebound congestion because Biomydrin's *penetrating* mucolytic agent permits use of only ½ the usual decongestant.
Biomydrin®
nasal spray/drops
WARNER CHILCOTT
MORRIS PLAINS, N.J.
BIO-MS04

posing a medical career is equally muddled. He says the practitioner of the future will find medicine less satisfying because it's becoming "more commercialized" as more and more physicians abandon fee-for-service practice for salaried practice. This, of course, means fewer financial arrangements directly between doctor and patient. So the move is actually *away* from commercialization, not toward it.

If a doctor working in a hospital on salary thinks a patient needs a gastrointestinal series, he orders the X-rays without counting the cost; his only criterion is whether the procedure is medically indicated. But a private practitioner can't escape some measure of "commercialism." For instance, suppose he feels that a G.I. series is advisable, though not absolutely necessary. He may want to order the X-rays but hesitate to do so lest the patient think he's motivated by the fee. Surely a physician enjoys practice more when he can base his decisions solely on clinical factors.

So much for the reasons why I think Dr. Dorsee is wrong. Now for the reasons why I want my boy to study medicine:

I want him to choose a career *not* for purely practical reasons. If all he wants is money, he'll do better in business. If he wants power, he can become a politician. But if he values the affection and respect of his fellow men, let him go

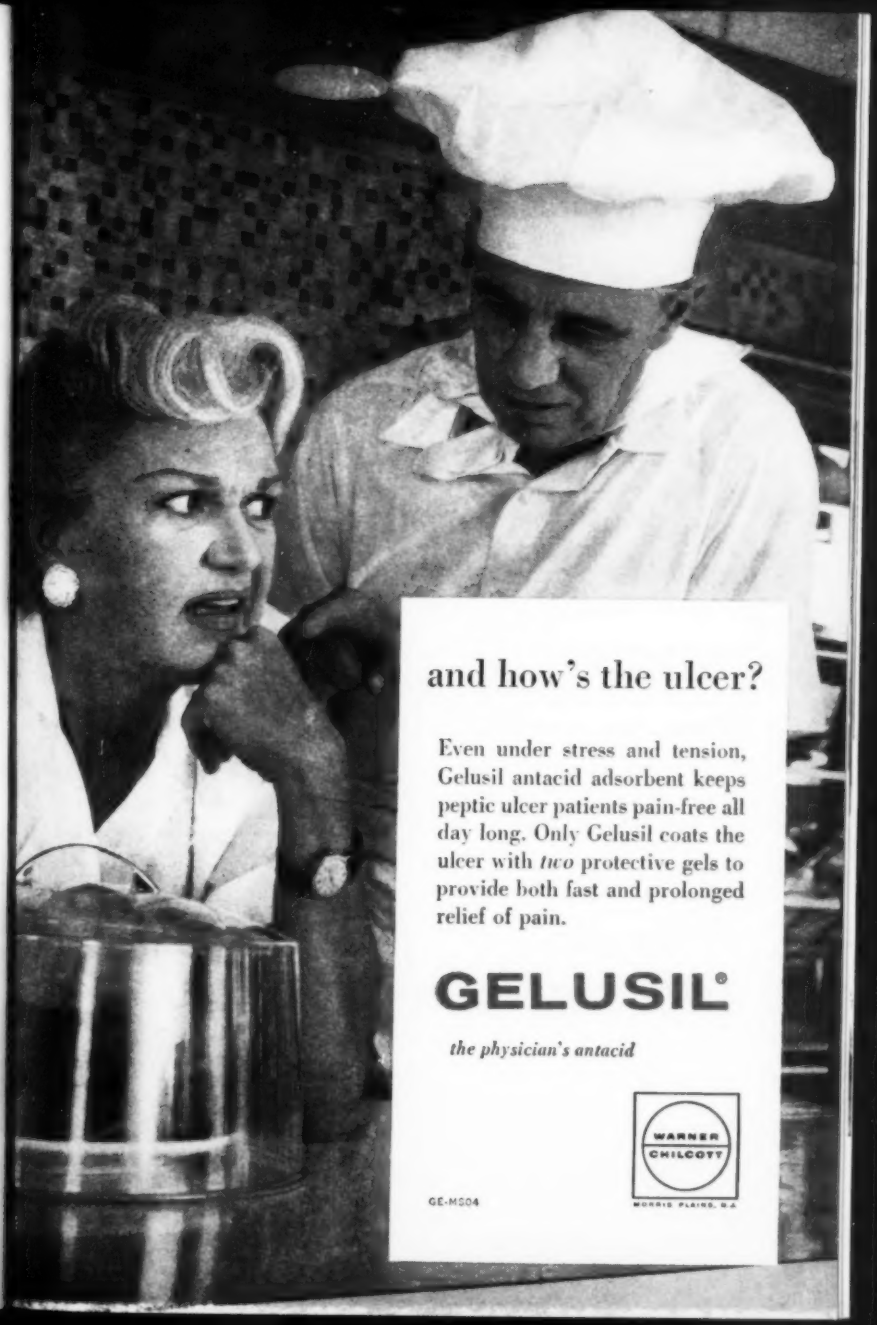
---

Chinless wonder

When a teen-age Chinese girl and her mother came to my office, I took the mother's history from the girl because the woman spoke little English. I asked her mother's name. "Hong Yak Chin," the girl replied. Her father's name? "Mong Shue Chin." Any brothers or sisters? "One brother." His name? "Gin Mong Chin." "And what's *your* name?" I asked. "Wendy," she replied. —WILFRED LANSMAN, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*

XUM


and how's the ulcer?
Even under stress and tension, Gelusil antacid adsorbent keeps peptic ulcer patients pain-free all day long. Only Gelusil coats the ulcer with *two* protective gels to provide both fast and prolonged relief of pain.
GELUSIL®
the physician's antacid
WARNER CHILCOTT
MORRIS PLAINS, N.J.
GE-MS04

XUM

into the clergy, into teaching, or into medicine.

If he chooses medicine, of course, he'll also do well financially. But I want him to be motivated primarily by the ideal of service—not by the desire for material gain. And I want him to enjoy the respect of his community. In any opinion poll I've ever seen, medicine is still rated at or near the top of the list of respected callings. This holds true even in a bureaucratic framework—a pattern that Dr. Dorsee sees as a threat to medicine. In a bureaucracy, the physician's status has always been recognized as special. In terms of salary and responsibility, he's generally several notches above other men of his age and organizational seniority.

So if you want to look at medicine in purely practical terms, it's still a good career. And if you prefer to see it as an opportunity for service to humanity, it offers your son and mine the best there is. END

Have you changed your address?

To insure uninterrupted delivery of your copies of MEDICAL ECONOMICS, *please fill out and return the coupon below:*

Medical Economics, Inc., Circulation Dept., Rutherford, N.J.

Name_____ M.D.
(please print)

Former address:

Street_____

City_____ Zone____ State_____

New address:

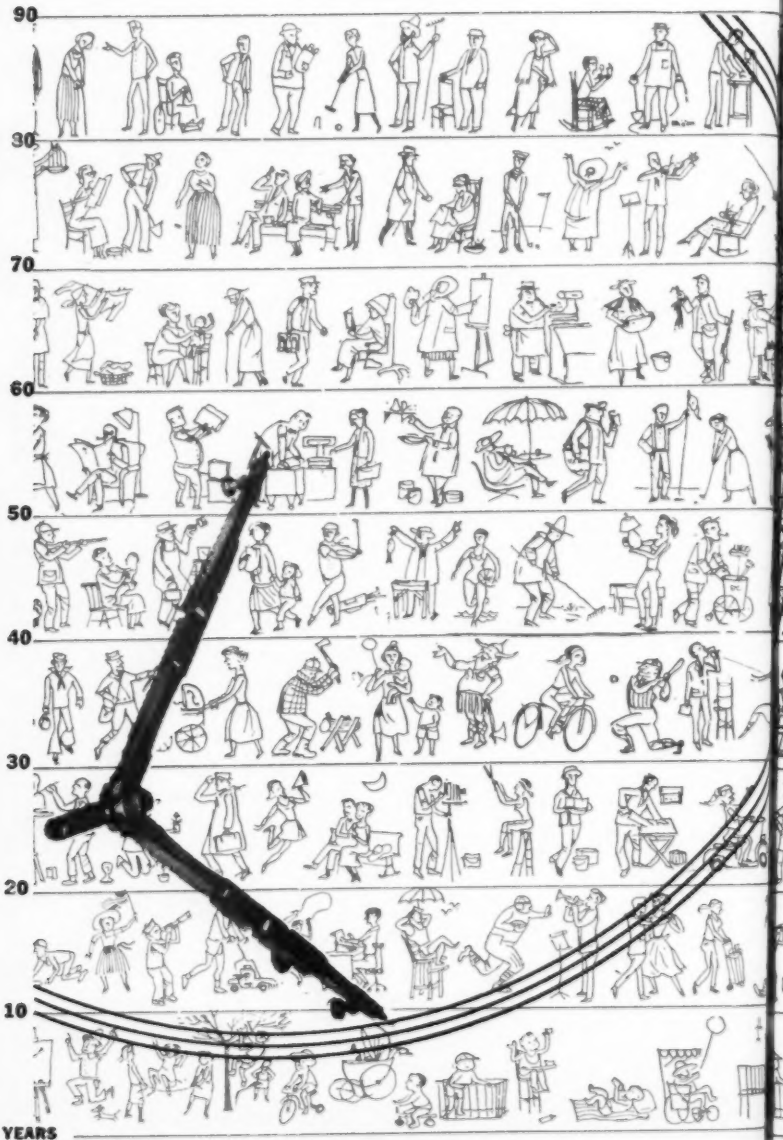
Street_____

City_____ Zone____ State_____

11760

XUM


no asthma symptoms
Tedral helps asthma patients breathe normally – live actively – avoid the fear and embarrassment of disabling attacks. 1 or 2 tablets q.4h. provide up to 4 hours' freedom from congestion and constriction of asthma.
TEDRAL®
the dependable antiasthmatic
WARNER CHILCOTT
MORRIS PLAINS, N.J.
TE-MS04



XUM



- senile anxiety
- disorientation
- agitation
- hostility
- irritability
- apprehension
- hysteria
- insomnia
- chronic urticaria
- alcoholism
- menopausal syndrome
- neurodermatoses
- functional g.i. disorders
- psychoneuroses
- tension headaches
- dysmenorrhea
- psychosomatic complaints
- situational stress
- asthma
- hyperactivity
- tics
- preoperative anxiety
- enuresis
- behavior problems

ATARAX ENCOMPASSES MORE PATIENT NEEDS... LETS YOU CHART A SAFER, MORE EFFECTIVE COURSE TO TRANQUILITY

• ATARAX has a wide range of flexibility ... from mild adult tensions and anxieties to full-blown alcoholic episodes ... from the behavior disorders of childhood to the emotional problems of old age. Why? Because it gives you maximum adaptability of dosage... works quickly and predictably ... is unsurpassed in safety.

• ATARAX offers extra pharmacologic actions especially useful in certain troublesome conditions. It is antihistaminic and mildly antiarrhythmic, does not stimulate gastric secretions. Hence it is well suited to the needs of your allergic, cardiac and ulcer patients.

Have you discovered all the benefits of ATARAX?

Dosage: Adults, one 25 mg. tablet, or one tbsp. Syrup q.i.d. Children, 3-6 years, one 10 mg. tablet or one tsp. Syrup t.i.d.; over 6 years, two 10 mg. tablets or two tsp. Syrup t.i.d. **Supplied:** Tiny 10 mg., 25 mg., and 100 mg. tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution: 25 mg./cc. in 10 cc. multiple-dose vials; 50 mg./cc. in 2 cc. ampules. Prescription only.

Complete bibliography on request.

ATARAX®
(BRAND OF HYDROXYZINE)





New York 17, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being™

VITERRA® • capsules • tastitabs® • therapeutic capsules
for vitamin-mineral supplementation

XUM

Announcing DAYTEENS

TRADEMARK

A NUTRITIONAL PRODUCT FORMULATED TO SUPPLEMENT THE DIET OF GROWING TEENAGERS

Recent studies show some potentially serious deficiencies in the diets of many of our young people. Dietary reform is a desirable, but not always practical, objective. A case exists for a special nutritional supplement for the 13-19 age group. This is a report on just such a supplement.

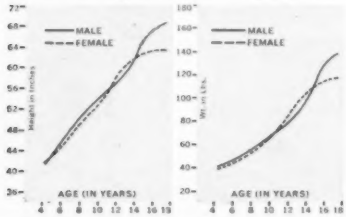
THE TEENAGER: A PICTURE OF HEALTH?

Caught between childhood and maturity, and not always too sure what to do about it, the American teenager goes his busy and inquisitive way. He is by turns morose, ecstatic, narrowly cynical, and all-believing; and this, we say is part of the privilege, and the paradox, of youth. That he is practically indestructible is one of the hardy verisimilitudes of his elders.

Truly, could anything be wrong with so fine a specimen? An increasing body of data indicates a basis for concern over his nutritional habits.

THE APPETITE IS GOOD—BUT NOT ALWAYS THE NUTRITION

Between the ages of 13 and 19, the adolescent boy or girl undergoes striking skeletal and muscular changes. This accelerated growth can be graphed:



It is obvious why the average teenager is known for his appetite. The long bones are growing. He *has* to eat to keep up with himself.

Unhappily, his nutrition is not always as impressive as his appetite. He eats—



but eats what he wants, when he wants. Indeed, eating itself—or *not* eating—may become part of that complex of attitudes publicized generically as the "rebellion" of youth.

LOW INTAKE OF CALCIUM, IRON AND CERTAIN VITAMINS SEEN

A series of nutritional studies, carried out under governmental and academic auspices, raises some serious questions about the teenage diet:

REPORT #1: Adolescent males and females, aged 15 and 16 were interviewed; dietary intakes were studied for seven days. "Approximately two-fifths of the girls were consuming less than 10 mg. iron, and one-fourth to one-third (two localities) received less than 0.8 Gm. calcium. Intakes of ascorbic acid were well below 50 mg./day (32% of girls in one locality) and below 60 mg./day (34% of boys in both localities)."

REPORT #2: "A sharp drop in milk drinking occurred between age groups 6-13 and 13-19 years."

REPORT #3: ". . . too little calcium due to a low consumption of milk; insufficient intake of green and yellow vegetables and fruits resulting in suboptimal supplies of vitamin A; too little ascorbic acid; and questionable provision for an amino acid mixture that will support optimum health."

REPORT #4: "The nutrients most often found to be lower than the recommended amount in the diets of children and adults . . . were vitamins A and C, calcium and iron."

REPORT #5: "Approximately half (45.6% of the 114 girls of age 15 and over) had on the average less than 67% of the Allowances in calcium. Among the Iowa school children, the teen-age girls were conspicuous for their poor diets."

Many theories may be advanced as to the causes of such a poor dietary

showing: skipped and skimped meals; poor parental regulation of diet; an increased pace of social, athletic and educational activities; the inevitable snacking—and a great deal of misguided dieting by figure-minded girls. The picture is not encouraging.

While outright clinical malnutrition is rarely seen, it is quite possible that a marginal or suboptimal intake may become of real importance during illness or stress. This is particularly true of the teenage girl, whose diet is frequently seen to be suboptimal—and upon whom an early marriage and pregnancy may be severely, and even dangerously taxing. For example, it has been suggested that the incidence of eclampsia, stillbirths and malformation (in young mothers) is greater in the presence of a poor dietary history.

DIETARY REFORM IS, AT BEST, DIFFICULT

Obviously, dietary reform is the ideal answer. Just as obviously, it is not going to be the *final* answer for the youngster who has more "important" things on his mind than a Planned Dietary.

His is an age of ritual. Social totems abound. The 4:00 o'clock soda-hour, if not conceived in wisdom, is at least met with regularity. It is unlikely that the teenager is going to mend his ways on appeal to anything as tenuous (to him) as "proper nutrition."

A nutritional supplement, formulated to offset the net result of such dietary independence, clearly might fill a need in many cases—and indeed might furnish families with an excellent and economical means of supplementation throughout these growing years.

NEW, CALCIUM-RICH NUTRITIONAL

To help fill this need, Abbott Laboratories now makes available a new vitamin-mineral supplement—formulated especially to meet the increased requirements of growing teenagers. The complete formula is shown below.

Note that the formula is well fortified with both iron and calcium—both important factors during adolescence, and both frequently seen to be deficient in the teenage diet. Another of the "essential" nutrients—ascorbic acid—is provided in one and one-half times the Minimum Daily Requirement. Indeed, the MDR's of all the essential vitamins are more than met (see above), and trace minerals are included for the role they play in normal body metabolism.

A "PERSONALIZED" FORMULA

On the social level Dayteens fits in with the teenager's intensely felt desire to have his "own things." Dayteens is indisputably *his* vitamin. It comes in an interesting table bottle and will not be confused with the other family nutritionals.

Filmtab-coated to reduce size and assure stability, Dayteens takes a logical place among the other quality "Vitamins by Abbott." It is now available at pharmacies in your area. If you'd like additional information and literature, see your Abbott man; or write to Abbott Laboratories, North Chicago, Ill.

ABBOTT

1. Hard, M., and Esselbaugh, N. Nutritional Status of Selected Adolescent Children, American Journal of Clinical Nutrition 4:261-268, 1956.
2. Van Syckle, C., Calcium in Urban Family Food Supplies, Journal of the American Dietetic Association 35:1283-1286, 1959.
3. Everson, G. J. Bases for Concern about Teenagers' Diets, Journal of the American Dietetic Association 36:17-21, 1960.
4. Nutritional Status USA. Bulletin 769, California Agricultural Experiment Station, 1959.
5. Epperight, E. S., and Roderuck, C. Diet and Nutritional Status of Iowa School Children, American Journal of Public Health 464-471, April 1955.

Each Dayteens Filmtab represents		Minimum Daily Requirement For Adults	Recommended Dietary Allowances For Adolescents Boys 16-19	Girls 16-19
Vitamin A (5000 units)	1.5 mg.	1.2 mg. (4000 units)	1.5 mg. (5000 units)	1.5 mg. (5000 units)
Vitamin D (1000 units)	25 mcg.	10 mcg. (400 units)	10 mcg. (400 units)	10 mcg. (400 units)
Thiamine Mononitrate B_1)	2 mg.	1 mg.	1.8 mg.	12. mg.
Riboflavin (B_2)	2 mg.	1.2 mg.	2.5 mg.	1.9 mg.
Nicotinamide	20 mg.	10 mg.	25 mg.	16 mg.
Pyridoxine Hcl.	0.5 mg.			
Vitamin B_{12} (as cobalamin concentrate)	2 mcg.			
Calcium Pantothenate	5 mg.			
Ascorbic Acid (c)	50 mg.	30 mg.	100 mg.	80 mg.
Iron	10 mg.	10 mg.	15 mg.	15 mg.
Copper	0.15 mg.			
Iodine	0.1 mg.			
Manganese	0.05 mg.	*		
Magnesium	0.15 mg.			
Calcium	250 mg.	750 mg.	1400 mg.	1300 mg.
Phosphorus	193 mg.			

010299

"Gratifying" relief from

for your patients with
'low back syndrome' and
other musculoskeletal disorders

POTENT muscle relaxation
EFFECTIVE pain relief
SAFE for prolonged use

m stiffness and pain

"gratifying" *relief from stiffness and pain in 106-patient controlled study*

(as reported in J. A. M. A., April 30, 1960)

"Particularly gratifying was the drug's [SOMA's] ability to relax muscular spasm, relieve pain, and restore normal movement . . . Its prompt action, ability to provide objective and subjective assistance, and freedom from undesirable effects recommend it for use as a muscle relaxant and analgesic drug of great benefit in the conservative management of the 'low back syndrome'."

Kestler, O.: Conservative Management of "Low Back Syndrome", J.A.M.A. 172: 2039 (April 30) 1960.

FASTER IMPROVEMENT—79% complete or marked improvement in 7 days (Kestler).

EASY TO USE—Usual adult dose is one 350 mg. tablet three times daily and at bedtime.

SUPPLIED: 350 mg., white tablets, bottles of 50.
For pediatric use, 250 mg., orange capsules, bottles of 50.
Literature and samples on request.

SOMA®
(CARISOPRODOL WALLACE)

WALLACE LABORATORIES, CRANBURY, NEW JERSEY

XUM

Why not a second-hand second car?



A used car may be your best buy now, thanks to the popularity of the compacts. Here's what to look out for—if you decide to shop the market

By A. Robert Ferguson

A used-car dealer in Philadelphia depicts himself in newspaper ads with a round hole in the middle of his forehead. His point: "I must have a hole in the head to offer such crazy low prices." And in Richmond, Va., "Mad Man Dapper Dan" declares he'd be happy to *give* his used cars away, but his wife won't let him.

He may have to call her in for a conference. Across the country, used-car dealers are being forced to come close to those "crazy low prices" they talk about. The 1960 new-car boom has flooded their lots with trade-ins, while many potential buyers of used cars have been lured away by the low-priced compacts.

What does this mean to you? It means that if you're thinking about getting a second car, a second-*hand* car may be your best bet. There are risks, but the attractions are large. Consider this: Instead of the new compact car you had in mind for your wife, she could drive a



luxurious 1958 Chrysler or a 1957 Lincoln for about the same price.

Interested? Then suppose we take a quick look at the market.

Used-car dealers have 12,000,000 automobiles to sell in serious competition with the new compacts. For instance, the Ford Motor Company reports that nearly 30 per cent of its Falcon buyers are people who formerly bought only used cars. The compacts, you see, offer not only attractive prices and low operating costs; they also offer more liberal credit terms—up to thirty-six months to pay, compared with only twenty-four months at higher interest for the used-car buyers.

This kind of competition has forced the price of used cars down. Standard models only one or two years old now sell at hundreds of dollars below the price of a new compact. And the lots are bulging with lively three-year-olds bargain-tagged at around $1,000.

At that price, a three-year-old

How to check a used car

It usually pays to have a mechanic look at any car you're considering. With the car on a lift, he can tell if it has ever been wrecked. And he can easily check on the brakes, grease seals, muffler, and tires.

You can also check on several points yourself. While the car's on the lot, look along the lower edge of the body, doors, and trunk for spots that appear repainted and for weakened or rusting areas. Run all windows up and down, checking for cracks and mechanical defects.

Examine the seats for broken springs. Remember that new seats and floor mats may disguise, rather than reflect, the car's mileage—and that the odometer may not be telling the truth. And don't be fooled by arm rests or door interiors that show little wear. Many are of plastic material that looks new for years.

Hold the brake pedal down for a minute or so. If it sinks under sustained pressure, you probably have a hydraulic-brake leakage that could spell costly repairs. Try the steering wheel. More than two inches of free play suggests that an adjustment is needed. Now start the engine. After it's warm, race it several times and watch for bluish exhaust smoke.

Take the car on the road. Start it from rest several times, to check on the clutch or the automatic transmission. There should be no grabbing or jerking. Accelerate several times from ten or fifteen miles an hour to fifty or sixty. As you increase the speed, you should get evenly spaced shifts. Then try a hill and a bumpy street, to check for power and rattles.

car gives you a much better break on depreciation than the original owner had. Assuming that he paid about $2,400 for the car, its value went down 60 per cent during his period of ownership. But if you buy it and drive it for two years, you stand to lose only $300 to $400 (about 30 per cent) of your purchase price. If the car is for *nonprofessional* use—that is, if tax deductions aren't a factor—the depreciation break is pure profit for you.

Suppose you're now ready to hit the used-car circuit, as I did not long ago. You can still get burned if you don't know your way around. Here are a few pointers:

1. Don't let a slick-talking salesman send you away with the shiniest car that catches your eye.

Every day, late-model taxicabs, fleet cars, and hot rods—worn beyond their years—are repainted and placed on the open market. My search of nine used-car lots has convinced me that most salesmen try to sell the buyer on the appearance, rather than on the condition, of the car.

I'm no mechanical wizard, but I did spot a clicking valve in one of the cars I'd test-driven. Trying to sound gullible, I asked the salesman what the noise was. "Don't worry about it," he said reassuringly. "You've heard that sound in *new* cars. All it means is that the motor's still a little tight." He quickly switched the line of talk to the car's attractive finish.



Instead of kicking the tires, this buyer should be checking to see whether the car has been wrecked.

Unless you can trust your own

XUM

mechanical knowledge, you'll do well to ask an impartial mechanic to look over any used car you're thinking of buying. The few dollars you give him for this service may save you a hefty repair bill later on.

2. Pay cash if you can, and duck the high interest rates on used-car financing.

It's easy to mistake the "nominal" 6 per cent you might pay on a credit loan for the *true* interest. Actually, the true interest rate on installment loans usually runs to about twice the *stated* charge. Here's why:

After the first month, you begin to pay not only the nominal interest but also the principal. And you continue doing so until the loan is paid off. Thus, the actual amount of money at your disposal keeps shrinking, although the carrying charge on the loan remains the same.

So pay cash if you can—but with this precaution: Hold back one or two hundred dollars until your warranty expires. It will put you in a stronger position if the car should need repairs covered by the warranty.

3. Don't pay more for a used car than you'd expect to pay for a new low-priced car.

This is probably the most important rule of used-car buying. If you can get a new compact or one of the less expensive standard-sized cars for the same money you'd pay for a used car, by all means buy the new one.

A used-car warranty usually runs for only thirty days or 1,000 miles—whichever is completed first. With a new car, you get ninety days or 4,000 miles to find out whether it has bugs. And you don't have to worry about a turned-back mileage meter.

4. Take your wife along on your shopping tour.

She's the one who'll probably drive your second car. So if you go



© MEDICAL ECONOMICS



when your "tonsillitis-prone" patient has a cold

ACHROCIDIN®

shopping without her and then come home with a lemon, you'll get no solace from her—or from me. END

Car rental is no Rx for traffic tickets

Don't expect to avoid fines for traffic violations merely by renting rather than owning your car. At least one local court has ruled that the driver, not the owner, is ultimately responsible.

In a recent series of test cases, the White Plains, N.Y., City Court made two car rental agencies pay for overtime parking tickets that had been issued to their clients. But the County Court later reversed those decisions. Ruled the judge: The police have a case against the owner of an offending car—but only until he can show that someone else was driving at the time the violation occurred. Then the responsibility shifts to the user. END

Doctor—when you prescribe **steam** for colds, recommend an automatic

Hankscraft

VAPORIZER

Hankscraft vaporizers offer a highly effective method of treating colds, coughs, bronchitis, sinusitis, and similar ailments. Soothing steam is spread evenly throughout the respiratory tract. Simple construction of Hankscraft vaporizers insures effective, trouble-free operation. Completely automatic. Just add water and plug in. One filling lasts all night and then shuts off automatically. Remember—for effective steam therapy—prescribe Hankscraft!

Write today for a free supply of instruction booklets for your patients.

HANKSCRAFT COMPANY
REEDSBURG, WISCONSIN

America's leading line of automatic vaporizers, sterilizers, bottle warmers.

COMMENDED BY THE CONSUMER SERVICE BUREAU OF PARENTS' MAGAZINE

Guaranteed by Good Housekeeping



Model 202-A - $6.95 retail
Other models $4.95 to $9.95



now —

control

virtually all runaway diarrheas.. promptly, effectively with

Donnagel®

Robins

—*your choice of* 3 formulations

Prompt, more dependable control of virtually all diarrheas can be achieved with an appropriate DONNAGEL formula, through adsorbent, demulcent, antispasmodic and sedative effects—plus paregoric or antibiotic supplementation, as required. Early re-establishment of normal bowel function is assured—for all ages, in all seasons.

DONNAGEL: In each 30 cc. (1 fl. oz.):

Kaolin (90 gr.)	6.0 Gm.
Pectin (2 gr.)	142.8 mg.
Hyoscyamine sulfate	0.1037 mg.
Atropine sulfate	0.0194 mg.
Hyoscine hydrobromide	0.0065 mg.
Phenobarbital (¼ gr.)	16.2 mg.

DONNAGEL-PG

Basic formula, plus
Powdered opium, U.S.P. .... 24.0 mg.
(Equivalent to paregoric, 6 ml.)

DONNAGEL WITH NEOMYCIN

Basic formula, plus
Neomycin sulfate ..... 300 mg.
(Equal to neomycin base, 210 mg.)

A. H. ROBINS CO., INC., Richmond 20, Virginia • *Ethical Pharmaceuticals of Merit since 1878*

XUM

NOW in contact dermatitis
for fast relief...press and release



- prompt relief of burning and itching
- less risk of spreading dermatoses—no hand application
- more uniform treatment
- imparts softness and pliability to the skin
- efficient spray from any angle

plus

- mg. for mg. the most active steroid
- optimal steroid concentration
- the quick-acting broad activity of neomycin

XUM

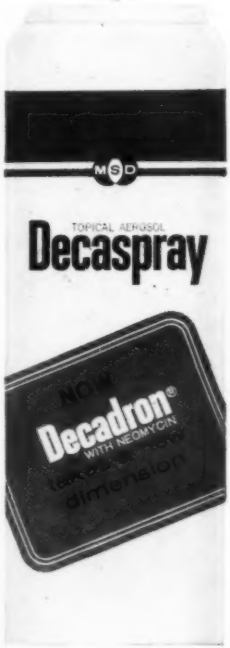
TOPICAL AEROSOL

Decaspray®

DEXAMETHASONE–NEOMYCIN SULFATE

the new touch in topical therapy





Dosage: Apply to the affected area 2 or 3 times a day. Dosage may be adjusted up or down depending upon severity of the disorder. Hold aerosol container approximately 6 inches from the affected area and allow a one- or two-second spray for each 4-inch-square area to be treated (i.e., one second for an area the size of the back of the hand). Each second of spray dispenses approximately 0.075 mg. of dexamethasone and 0.375 mg. of neomycin sulfate.

Supplied: In 90-Gm. seamless, pressurized cans, containing 10 mg. dexamethasone and 50 mg. of neomycin sulfate (equivalent to 35 mg. neomycin base).

Additional information on DECASPRAY is available to physicians on request.

DECADRON and DECASPRAY are trademarks of Merck & Co., INC.

MSD MERCK SHARP & DOHME
Division of Merck & Co., INC., West Point, Pa.

Will your family lack funds while settling your estate?

A settlement may take several years. So note these ideas for speeding it up and helping your family in the interim

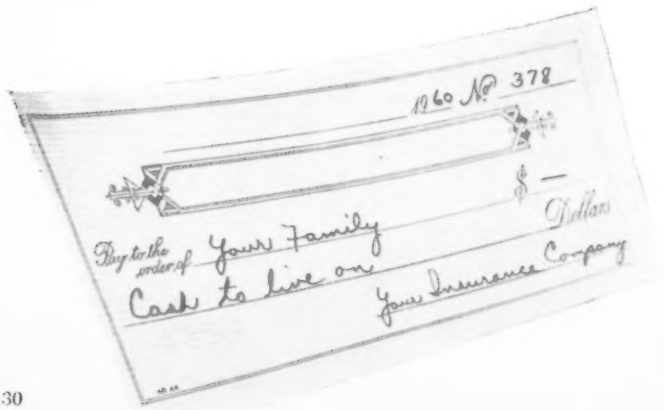
By Allan J. Parker, LL.M.

Too many physicians fail to ask themselves and their lawyers what they can do now to speed the settling of their estates. As a result, their families can't get at money when they most need it.

How long does it take to settle an estate? The time varies, of course. But in at least one state—Connecticut—it's likely to take up to three years to settle even a simple estate.

Complications may make it far worse. And that's why your will should be properly thought through and written—and why you and your executors should take advantage of certain ways of expediting the estate-settling.

Let's look at the regular procedure for settling an estate to see



why it takes so long. There are seven main steps executors have to take:

1. They locate your will.
2. They get the will admitted to probate.
3. They collect all your assets.
4. They pay off your debts.
5. They pay your income and estate taxes.
6. They distribute your property as directed by the will.
7. They file a final accounting with the court and get their discharge.

All this consumes time. Your will should normally be probated within a month after your death. But even then, creditors with claims against your estate are entitled to a long period of time during which they can present those claims. In New York, the period is seven months. It's even longer in many other states.

Thus, your executors can't usually distribute your property until at least eight months after your death. Thereafter, they may be able to pay *income* from the estate to the heirs. Depending on circumstances, they may also allow your wife to use some of the principal. But they must make sure that there will be enough left over to pay off any creditors as well as the estate-tax bill.

Meanwhile, if any creditors were to sue the estate, such action could tie it up in the courts for several years. So you and your executors must manage your affairs properly in order to avoid such difficulties. But there are two troublesome creditors you can do nothing about: the Federal Government and the state tax commissioner. It normally takes eighteen months or more for estate-tax returns to be audited after they're filed.

To sum up, then: *Under the best of conditions, your estate is unlikely to be settled in less than two years after your death.*

This being so, how can you help tide your survivors over the first few months after you're gone? For one thing, you can leave your wife a cash bequest outright, plus all your personal possessions—your car, home furnishings, etc. You can also name her co-executrix, to make it easier for her to give herself such legacies shortly after your will is admitted to probate. (A moderate cash or property bequest, payable in no more than three installments, will not be subject to

taxation. So ask your lawyer just how large a sum you can earmark for such a purpose.)

In addition, there are two steps you can take right now to give your family funds the court can't tie up. First, buy a small life insurance policy—for, let's say, $10,000—that will be available to your wife as soon as you die. In most states, the law doesn't allow creditors to attach a wife's insurance money to pay her husband's debts. Secondly, give your wife a small savings account *in her name alone*. (Your own bank accounts are frozen when you die.)

Finally, to expedite the whole business of settling your estate:

1. Don't keep your will in your safe-deposit box. Leave it in the vault of your attorney's law firm. A safe-deposit box is sealed by law after its owner's death and can be opened only in the presence of a tax official. This may delay things for weeks.

2. Tell your executor exactly

for the two most frequently performed urine tests

URISTIX®

BRAND Reagent Strips

1 strip...1 dip...2 results

colorimetric "dip-and-read" combination test for *protein* and *glucose* in urine

- timesaving
- economical
- completely disposable

61359

AMES
COMPANY, INC
Elkhart • Indiana
Toronto • Canada

add to her

HAPPY ANTICIPATION



EN-CEBRIN®

(prenatal vitamin-mineral supplements, Lilly)



concentrated nutritional support

En-Cebrin provides phosphorus-free calcium plus important vitamins and minerals.

one-a-day convenience and economy

A single Pulvule® daily provides comprehensive vitamin-mineral supplementation throughout pregnancy.

invitingly styled

The pink-and-blue En-Cebrin Pulvules are supplied in decorative bottles to enlist patient co-operation.

also available

En-Cebrin F®, containing 1 mg. folic acid plus the comprehensive En-Cebrin formula.

Supplied in special bottles of 100.

En-Cebrin F® (prenatal vitamin-mineral supplements with folic acid, Lilly)



ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

012034



with intermittent claudication
every block was a mile long

now... **arlidin**

makes the blocks so much shorter...
he can walk many more of them in comfort

Arlidin is available in 6 mg. scored tablets, and 5 mg. per cc. parenteral solution. See PDR for dosage and packaging.

Protected by U. S. Patent Numbers: 2,661,372 and 2,661,373

XUM



arlidin.®

brand of nylidrin hydrochloride N.N.D.

safely increases local blood supply and oxygen where needed most . . . in distressed "walking" muscles for sustained, gratifying relief of pain and spasm in

intermittent claudication of	night leg cramps
arteriosclerosis obliterans	ischemic ulcers
thromboangiitis obliterans	Raynaud's syndrome
diabetic atheromatosis	cold feet, legs and hands

u. s. vitamin & pharmaceutical corporation
Arlington-Funk Laboratories, division
250 East 43rd Street, New York 17, N. Y.

XUM

what's in your will, and exactly where you've put it.

3. Keep your will up to date. Make sure that your named executor still lives in your locale and is up to the job you've named him for. If you're at all doubtful, name someone else—or a bank.

4. Be sure to execute a new will if any of the witnesses to your current will have died or moved away. Before probating a will, the courts usually request verification of all signatures. Missing witnesses can delay the settlement of an estate for months. END



"Well, gentlemen, once again we convene under the auspices of, and through the courtesy of, togetherness!"

for the "sedentary" overeater...

BIPHETAMINE®

A 'STRASIONIC' RELEASE ANORETIC RESIN



BIPHETAMINE '20'
(20 mg.)

BIPHETAMINE '12½'
(12.5 mg.)

BIPHETAMINE '7½'
(7.5 mg.)

Each capsule of each strength contains equal parts of d-amphetamine and dl-amphetamine as cation exchange resin complexes of sulfonated polystyrene.

Single Capsule Daily
Dose 10 to 14 hours
before retiring

PREDICTABLE WEIGHT LOSS

for the "active" overeater...

IONAMIN®

A 'STRASIONIC' ANORETIC PHENYL-*TERT*-BUTYLAMINE RESIN



IONAMIN '30' (30 mg.) **IONAMIN '15'** (15 mg.)

Each capsule of each strength contains phenyl-*tert.*-butylamine as a cation exchange resin complex of sulfonated polystyrene.

Single Capsule Daily Dose
10 to 14 hours before retiring

STRASENBURGH

Arrest the Coughs that Steal Sleep...

CHRONIC SINUSITIS

PHARYNGITIS

INFLUENZA-COLDS

BRONCHITIS

CHRONIC LUNG DISEASE

CARDIAC DECOMPENSATION

MEASLES



Prescribe

TUSSIONEX®

A 'Strasionic' Antitussive • Dihydrocodeinone Resin—Phenyltoloxamine Resin

8-12 Hour Cough Control with a Single Dose

- **Permits Natural Discharge of Mucus**
- **Predictable Antitussive Action with Minimum Amount of Narcotic through 'Strasionic' Release**

TWO FORMS: Tussionex Thixaire™ Suspension • Tussionex Tablets

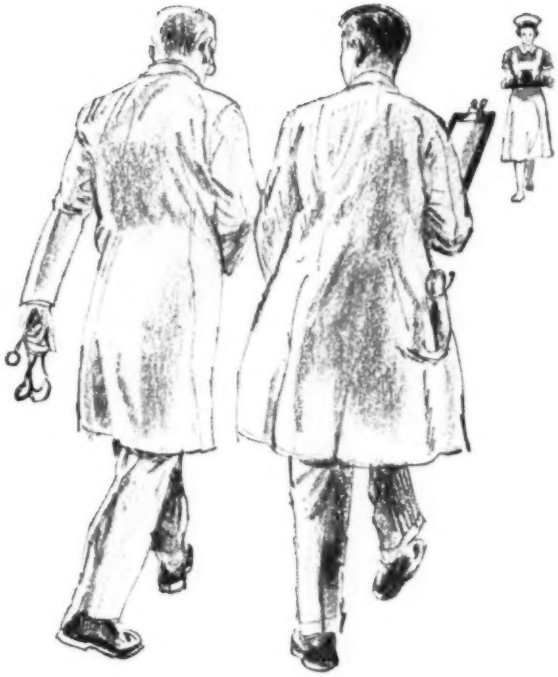
Each teaspoonful (5c.c.) or tablet provides 5 mg. dihydrocodeinone and 10 mg. phenyltoloxamine as resin complexes.

Dose: 1 teaspoonful or tablet q 12 h. Children under 1 year, ¼ teaspoonful q 12 h; 1-5 years, ½ teaspoonful q 12 h.

Rx only. Class B taxable narcotic.

Tussionex—made and marketed only by

STRASENBURGH



"... Well, I always prescribe Rorer's Maalox. It's an excellent antacid, doesn't constipate and patients will take it indefinitely."

• • • •

In over five years



...for the tense and nervous patient

Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Meprobamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

The reasons are not hard to find. Miltown is a ***known*** drug. Its few side effects have been fully reported. ***There are no surprises in store for either the patient or the physician.***

of clinical use...

Proven
in more than 750 published clinical studies

Effective
for relief of anxiety and tension

Outstandingly Safe

1. simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
2. no cumulative effects, thus no need for difficult dosage readjustments
3. does not produce ataxia, change in appetite or libido
4. does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
5. does not impair mental efficiency or normal behavior

Miltown®
meprobamate (Wallace)

Usual dosage: One or two 400 mg. tablets t.i.d.
Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS® — 400 mg. *unmarked*, coated tablets. ®TRADE-MARK

WALLACE LABORATORIES / *Cranbury, N. J.*

CM-2535

quickly clears nasal congestion caused by colds or allergy

Tyzine®

brand of tetrahydrozoline hydrochloride



Science for the world's well-being™

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

IN BRIEF

TYZINE is tetrahydrozoline hydrochloride, a sympathomimetic amine with potent decongestant properties. Relief is almost immediate and lasts up to six hours or longer after a single administration. Virtually free of sting or burn and rebound congestion . . . odorless and tasteless. TYZINE is not significantly absorbed systemically when used as directed . . . does not impair ciliary activity . . . and is physiologically buffered to pH 5.5.

INDICATIONS: Relieves inflammatory hyperemia and edema of the nasal mucosa and congestive obstruction of sinus and eustachian ostia, as may occur in the common cold, hay fever, perennial vasomotor rhinitis, chronic hypertrophic rhinitis, and sinusitis.

DOSAGE AND ADMINISTRATION: Adults and Children 6 Years and Over—2 to 4 drops of TYZINE (0.1%) in each nostril as needed, not more often than every three hours. When using TYZINE Nasal Spray, insert tip of plastic bottle into nostril, tilt the head slightly forward from an upright position, and squeeze sharply 3 or 4 times, not more often than every three hours.

Important: Use TYZINE Pediatric Nasal Drops (0.05%) for children under 6 years. The 0.1% concentration is contraindicated in this age group.

SIDE EFFECTS: Transient mild local irritation after instillation has been reported in rare instances.

PRECAUTIONS: Avoid doses greater or more frequent than those recommended above. Use with caution in hypertensive and hyperthyroid patients. Overdosage may cause drowsiness, deep sleep, and, rarely, marked hypotension in infants and young children. KEEP OUT OF HANDS OF CHILDREN OF ALL AGES.

SUPPLIED: *Nasal Solution*, 1-oz. dropper bottles, 0.1%. *Nasal Spray*, 15 cc., in plastic bottles, 0.1%. *Pediatric Nasal Drops*, ½-oz. bottles, 0.05%, with calibrated dropper.

More detailed professional information available on request.

Good route to retirement:

- *solo practice*
- *partnership*
- *practice sale*

By John C. Post

THE AUTHOR *is president of Professional Business Management of Washington, D.C., and is a member of the Society of Professional Business Consultants.*

More than ten years ago, a 55-year-old G.P. whom I'll call Dr. Jackson asked me to help him map out a plan of action by which he could:

1. Reduce the long hours he was devoting to his practice;
2. Keep his earnings high despite the cutback; and
3. Be sure of selling his practice at a good price if he should want to retire at 65.

I advised him—as I have others—that he could probably solve all three problems by selling his practice "in slow motion." In other words, I explained, he could set up a partnership that would be designed *from the beginning* to terminate in a planned practice sale to his junior partner. Dr. Jackson liked the idea, so he put it into action. Here's how:

First he took on a prospective partner as a salaried assistant for one year. I suggested he have drawn up a special prepartnership employment agreement. This specified that at the end of the year the doctors would, if mutually satisfied with the results of the trial period, form a legal partnership.

Fortunately, Dr. Jackson had found just the man he needed. His

Excerpts from the prepartnership agreement

THIS AGREEMENT is made this 10th day of December, 1949, by and between Harry Jackson, M.D., and Charles Barnes, M.D.

Since Dr. Jackson is and has been for many years engaged in the practice of medicine and desires to employ Dr. Barnes to assist him in his practice, and since Dr. Barnes desires to accept this employment, the parties contract and agree as follows:

1. Dr. Jackson does hereby employ Dr. Barnes to assist him in his practice of medicine for a period of one year beginning the first day of January, 1950.

2. Dr. Barnes agrees that all fees for his services, and all records pertaining thereto, shall be the property of Dr. Jackson.

3. Dr. Jackson agrees to pay Dr. Barnes, as compensation for his services, seven hundred dollars in each month.

4. Dr. Barnes agrees that if he terminates employment and association with Dr. Jackson, he shall not carry on the practice of medicine for at least two years within the area defined in a supplementary sketch which is a part of this agreement.

5. It is the intention of Dr. Jackson and Dr. Barnes that, at the end of the term of this agreement, they will, if possible, mutually agree to form a partnership for the practice of medicine. The partnership agreement will specify that the percentage of net income to be paid to Dr. Barnes will amount in the first year to at least as much as he receives under this employment agreement. His percentage shall increase progressively over the ten-year period of the partnership agreement, until equality in sharing is about to be reached . . .

new associate, Dr. Barnes, was 40. Dr. Barnes' practice had been interrupted by four years of Government service. So the idea of working into a better established practice suited him fine. Best of all, he was just at the threshold of his most productive years.

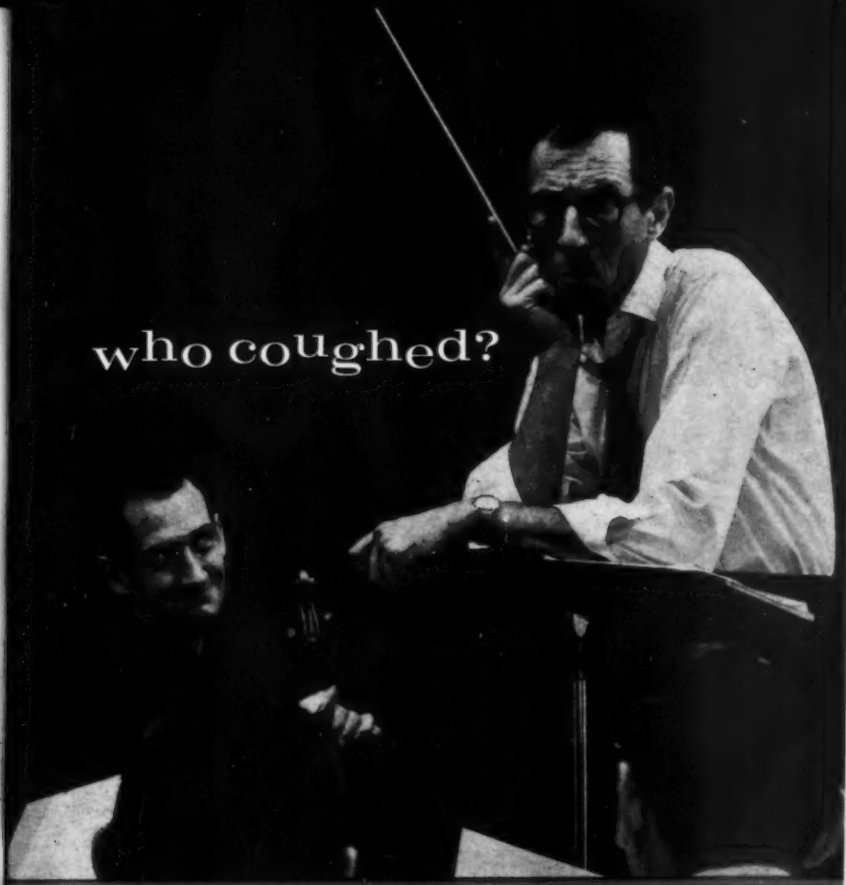
As you'll see from the prepartnership employment agreement, Dr. Barnes was to be paid $700 a month for the first year. Then, when the partnership was formed, he would get a percentage of net income that would increase each year for ten years, until equality was about to be reached. At that time, Dr. Barnes would buy the full practice.

Exact details for the purchase were set forth in the partnership agreement, which eventually superseded the prepartnership contract. Let's take a closer look at this document (parts of which are reproduced on pages 148-149). Two



Is the plan ethical?

The formula for division of earnings between two doctor-partners that's set forth in the accompanying article would once have been deemed unethical. But times have changed. "Today," says Dr. Homer Pearson Jr., chairman of the A.M.A. Judicial Council, "we approve any income-dividing plan openly arrived at and agreeable to all partners."



WHENEVER COUGH THERAPY IS INDICATED

HYCOMINE® Syrup

THE COMPLETE Rx FOR COUGH CONTROL

cough sedative | antihistamine decongestant | expectorant

▪ relieves cough and associated symptoms in 15-20 minutes ▪ effective for 6 hours or longer ▪ promotes expectoration ▪ rarely constipates ▪ agreeably cherry flavored

Each teaspoonful (5 cc.) of HYCOMINE* Syrup contains:

Hycodan®		
Dihydrocodeinone Bitartrate (Warning, May be habit-forming)	5 mg.	6.5 mg.
Homatropine Methylbromide	1.5 mg.	
Pyrilamine Maleate		12.5 mg.
Phenylephrine Hydrochloride		10 mg.
Ammonium Chloride		60 mg.
Sodium Citrate		85 mg.

Average adult dose: One teaspoonful after meals and at bedtime. May be habit-forming. Federal law permits oral prescription.

Literature on request

Endo

ENDO LABORATORIES
Richmond Hill 18, New York

*U.S. Pat. 2,630,400

XUM

Excerpts from the partnership agreement

THIS AGREEMENT is made this 15th day of December, 1950, by and between Harry Jackson, M.D., and Charles Barnes, M.D. . .

Section 6. In the first year (1951) the net income of the partnership shall be shared 70 per cent for Dr. Jackson and 30 per cent for Dr. Barnes. Each year through 1960, Dr. Jackson's share will decrease 2 per cent and Dr. Barnes' increase 2 per cent.

Section 7. At the conclusion of the calendar year 1960, Dr. Jackson shall separate himself from active participation in the medical practice of the partnership. In consideration of Dr. Jackson's release from his interest in the office furniture, equipment, fixtures, medical records, and such of the intangible assets as cannot be evaluated readily, Dr. Barnes agrees to pay to Dr. Jackson (or his estate) an amount equal to the net amount received by Dr. Jackson in the last year of partnership practice.

Section 8. Should death occur during the duration of this agreement, net income shall be divided according to the share then prevailing. Division of accounts receivable shall be made in the same percentage when and if liquidated. Also, the survivor, for the next twenty-four months following the month of decease, shall pay to the other's estate the amount decided on by the partners at their last an-

points especially are worth noting:

1. Division of income. In the initial twelve months of the partnership, earnings were split on a 70-30 basis. Each year thereafter, Dr. Jackson's share has been reduced by two percentage points, while the younger man's has increased by the same amount. As you'll see from the table on page 153, the actual

XUM

nual business meeting. These meetings shall be held each year in the second week in February. It is understood that this payment is in lieu of an appraisal and payment for properties which cannot be evaluated readily.

Section 9. Should permanent disability force the withdrawal of either partner, the remaining partner shall be bound to the same division of assets and to payments for the next two years as is provided in the case of death.

Section 10. In the event of dissolution for other causes than death or permanent disability, net profits and other tangible properties shall be divided according to the shares then prevailing.

Section 11. Should Dr. Jackson choose to continue the practice of medicine independently in this city after the year 1960, he may do so only in the office quarters of Dr. Barnes or of any new partnership with which Dr. Barnes is associated. Furthermore, he shall be allowed to do so only upon payment of 50 per cent of his resulting gross professional income, which shall be the charge for the use of the office and its facilities.

Section 12. If at any time during this agreement it should seem desirable by mutual consent that additional partners be acquired, they can be added, but the relative shares of Dr. Jackson and Dr. Barnes, as set forth in Section 6 of this agreement, shall continue to prevail . . .

dollars-and-cents division in that first year was $21,500 to $9,200. Last year, Dr. Jackson's share was $23,800; Dr. Barnes' share was $20,200.

2. The practice-sale provisions. At the end of 1960, the partnership will come to an end, when Dr. Jackson passes on his share of the practice to his younger partner;

XUM

in edema or

▪ more doctors are prescribing—
▪ more patients are receiving the benefits of—
▪ more clinical evidence exists for—



in congestive failure

"Chlorothiazide was given to 16 patients for a total of 295 patient-treatment days." "Chlorothiazide is a safe, oral diuretic with a clinical effect equal to or greater than a parenteral mercurial." Harvey, S. D. and DeGraff, A. C.: N. Y. State J. Med., **59**:1769, (May 1) 1959.



in hypertension

"... our program has been one of polypharmacy in which we attempt to deplete body sodium with chlorothiazide. This drug is continued indefinitely as background medication for all antihypertensive drugs." Moyer, J.H.: Am. J. Cardiology, **3**:199, (Feb.) 1959.



in premenstrual edema

"Chlorothiazide is an excellent agent for relief of swelling and breast soreness associated with the premenstrual tension syndrome, since all patients [50] with these complaints were completely relieved." Keyes, J. W. and Berlacher, F. J.: J.A.M.A., **169**:109, (Jan. 10) 1959.

DOSAGE: Edema—One or two 500 mg. tablets DIURIL once or twice a day. Hypertension—One 250 mg. tablet DIURIL twice a day to one 500 mg. tablet DIURIL three times a day.

SUPPLIED: 250 mg. and 500 mg. scored tablets DIURIL (chlorothiazide) in bottles of 100 and 1,000. DIURIL is a trademark of Merck & Co., INC. Additional information is available to the physician on request.

hypertension

DIURIL®

(CHLOROTHIAZIDE)

than for all other diuretic-antihypertensives combined!



in edema of pregnancy

"One hundred patients were treated with oral chlorothiazide." "In the presence of clinically detectable edema, the agent was universally effective." "Chlorothiazide is at present the most effective oral diuretic in pregnancy." Landesman, R., Ollstein, R. N. and Quinton, E. J.: N. Y. State J. Med., **59**:66, (Jan. 1) 1959.



in cirrhosis with ascites

"All three of the patients with Laennec's cirrhosis, ascites and edema had a favorable response, with a mean weight loss of 8 lbs., during the five-day treatment period with a slight decrease in edema." Castle, C. N., Conrad, J. K. and Hecht, H. H.: Arch. Int. Med., **103**:415, (March) 1959.



in renal edema

"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent." Burch, G. E. and White, M. A., Jr.: Arch. Int. Med., **103**:369, (March) 1959.

MSD MERCK SHARP & DOHME
Division of Merck & Co., INC., Philadelphia 1, Pa.

XUM

1.



To lower
febrile temperature...

2. ANACIN
is superior
to aspirin



3. ANACIN contains a
particular component
verified by tests (1)
to have greater
antipyretic value



ANACIN®
ANALGESIC TABLETS

*For a better 'total'
effect in pain-relief*

(1) Brownlee, George: A Comparison of Antiphretic Activity and Toxicity of Phenacetin and Aspirin, Quar. J. of Pharmacy and Pharmacology, 10:609-620.

WHITEHALL LABORATORIES, NEW YORK, N.Y.

XUM

for this, Dr. Barnes will pay a sum approximating his partner's 1960 income. This is estimated at about $22,900.

Such a high figure for a practice disposition may seem unrealistic. In many cases, it might be, since there's often no guarantee that the retiring doctor's patients will continue with the other man. But the price Dr. Jackson will probably receive seems fair enough under the circumstances:

For one thing, the two doctors will have been associated for over ten years; so there should be little falling-off in patient-volume as Dr. Jackson retires.

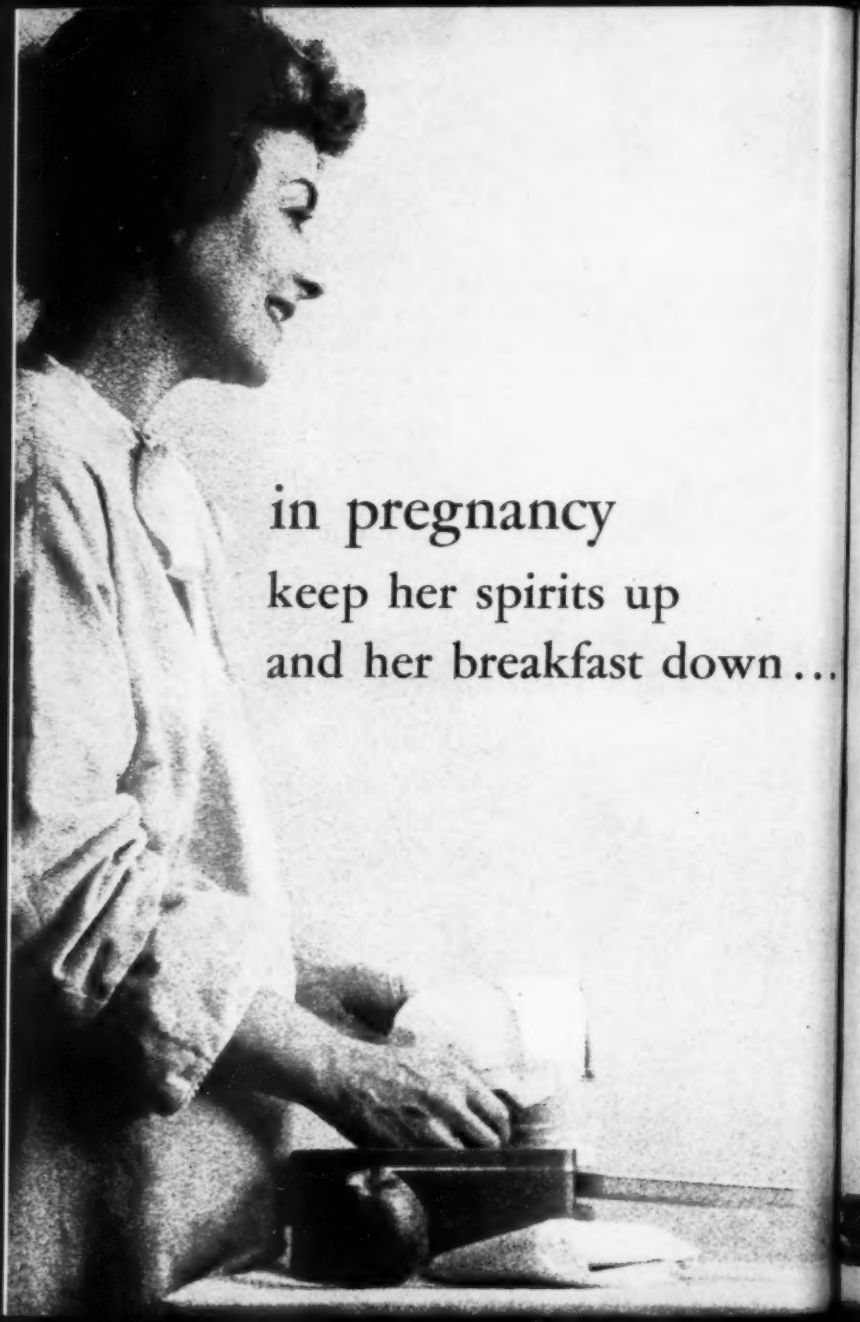
Then, too, the younger man actually got a larger share of the net income than he probably would have received during the partner-

How the partners' shares changed

Year	Partnership net income	Dr. Jackson			Dr. Barnes		
		Age	Percentage	Share	Age	Percentage	Share
1951	$30,700	56	70%	$21,500	42	30%	$ 9,200
1952	32,200	57	68	21,900	43	32	10,300
1953	39,700	58	66	26,200	44	34	13,500
1954	44,200	59	64	28,300	45	36	15,900
1955	48,800	60	62	30,300	46	38	18,500
1956	45,100	61	60	27,100	47	40	18,000
1957	44,300	62	58	25,700	48	42	18,600
1958	44,400	63	56	24,900	49	44	19,500
1959	44,000	64	54	23,800	50	46	20,200
1960	44,000	65	52	22,900	51	48	21,100

All figures have been rounded off to the nearest hundred. Amounts listed for 1960 are estimates.

XUM



XUM

Compazine® Spansule®

brand of prochlorperazine — brand of sustained release capsules

protects against "morning sickness"

One 'Compazine' *Spansule* capsule at bedtime provides prompt antiemetic action that lasts throughout the night and into the morning—thus protecting against "morning sickness."

preserves emotional stability

One 'Compazine' *Spansule* capsule on arising provides a daylong calming effect that helps keep your pregnant patient on an even emotional keel. Anxiety and irritability are controlled, yet your patient stays alert.

15 mg. capsule—ideal for once-a-day administration
10 mg. capsule—ideal for twice-a-day (q12h) administration

In labor and delivery, 'Compazine' Injection is particularly useful to relieve anxiety or to control nausea and vomiting.

Also available: Tablets, Syrup and Suppositories.

SMITH KLINE & FRENCH LABORATORIES



XUM

for predictable elimination... whatever the schedule

PHOSPHO®-SODA

works within one hour or overnight as a gentle laxative or purgative

PHOSPHO-SODA conveniently fits any schedule because its effect can be controlled by dosage and time of administration. It produces normal, soft bowel movements without g.i. discomfort or irritation. Pleasant to take in cold water, carbonated beverages, or fruit juices. Recognized as a superior eliminant for over 60 years.

100 cc. contains: 48 Gm. sodium biphosphate and 18 Gm. sodium phosphate in bottles containing 2½, 6, and 16 fl.oz.

Available at all pharmacies.





C. B. FLEET CO., INC.
Lynchburg Virginia

ship's early years if it had been allocated according to the patients' own choice of doctor. So Dr. Barnes doesn't feel the consideration is unjustifiably high.

There's a big tax advantage for both doctors under this arrangement. They're able to spread their earnings more evenly over the years. Thus they avoid the big tax bite that makes peak-income periods a mixed blessing for many doctors.

Dr. Barnes won't pay the $22,900 in a lump sum, but in yearly installments. Exact annual amounts will be settled when the transition from active to inactive participation takes place. And here too the younger man will enjoy a tax advantage: The Treasury now considers such payments to a retiring partner as deductible business expenses for the remaining partner.

But suppose Dr. Jackson doesn't *want* to retire when he reaches 65? What then?

We've anticipated this possibility in the partnership agreement. Section 11 specifies that Dr. Jackson is to sell his partnership rights at the time agreed on. If he continues to practice in the same city, it must be in the same office, and on a rent-



Children are happier when doctors choose Fleet® Enema

They are more willing to accept this ready-to-use pediatric enema because they are spared the ordeal of complicated old-style procedures. The compact Fleet Enema takes less than a minute to give and avoids the discomfort of large volumes of liquid. Insertion is made easy and safe because of the *prelubricated, anatomically correct* 2-inch rectal tube.[1] Fleet Enema can be prescribed with confidence as "a safe and effective enema preparation for even small children."[2]



Widely useful for a variety of diagnostic and therapeutic purposes—even for your patients on sodium-restricted regimens.[3] Systemic absorption is negligible.[2,3]

Pediatric size, 2¼ fl.oz. *Regular size,* 4½ fl.oz. *100 cc. contains:* 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate. *Also available:* Fleet Oil Retention Enema, 4¼-fl.oz. ready-to-use unit containing Mineral Oil U.S.P.

READY-TO-USE SQUEEZE BOTTLE

Fleet® FLEET® ENEMA PEDIATRIC

1. Frech, H. C., and Lanier, L. R., Jr.: Am. J. Obst. & Gynec. 74:1146, 1957. 2. Way, W. G., et al.: Virginia M. Month. 85:291, 1958. 3. Hellman, L. D.: To be published.

C. B. FLEET CO., INC., LYNCHBURG, VIRGINIA

XUM

IN BRIEF

Vistaril®
HYDROXYZINE HYDROCHLORIDE
Parenteral Solution

Vistaril is a rapid-acting calmative with a wide margin of safety. Its use preoperatively generally permits a reduction in dosage of narcotics and barbiturates. Vistaril's antiemetic properties further enhance its usefulness pre- and postoperatively.

ACTIONS & INDICATIONS: Vistaril, as part of a preoperative regimen, can safely relax your patients by allaying fear and apprehension.

ADVANTAGES: Vistaril produces a calming effect without hypnosis. Vistaril provides direct and secondary muscle relaxation. Vistaril apparently is nonaddicting—discontinuance after months of treatment has not produced withdrawal symptoms. Vistaril has a remarkable record of safety when used in recommended dosage. Unlike the phenothiazines, parkinsonism and blood or liver toxicities have not been reported with Vistaril. Unlike the rauwolfia derivatives, Vistaril acts rapidly, does not increase gastric secretions, and there have been no reports of nasal congestion, drug-induced depression, or sinusitis associated with its use. Unlike the meprobamates, there have been no reports of incoordination, ataxia, abdominal discomfort, anorexia, nausea, vomiting, diarrhea, allergic dermatitis, or anaphylactic reactions. VISTARIL PARENTERAL SOLUTION permits rapid action and may be given via I.M. or I.V. routes.

CONTRAINDICATIONS: There are no known contraindications to Vistaril.

SIDE EFFECTS AND PRECAUTIONS: Drowsiness may occur in some patients; if so, it is usually transitory, disappearing upon reduction of dosage or within a few days of continued therapy. Dryness of mouth may be encountered at higher dosages. The potentiating action of hydroxyzine must be taken into consideration when it is used in conjunction with C.N.S. depressants. Do not exceed 1 cc. per minute I.V. Do not give over 100 mg. per dose I.V. Parenteral therapy is for 24-48 hours, unless changed by judgment of physician.

ADMINISTRATION AND DOSAGE: Vistaril dosage varies with the state and response of each patient, rather than on a weight basis. Dosage should be individualized by the physician for optimum results. The usual parenteral dosage in preoperative sedation for adults is 25-100 mg. I.M. or I.V. q. 4 h., p.r.n., (alone or in conjunction with reduced dosages of narcotics); for children, 0.5 mg./lb. body weight I.M.

HOW SUPPLIED: *Vistaril Parenteral Solution*—10 cc. vials and 2 cc. Steraject® Cartridges, 25 mg. per cc.; 2 cc. ampules, 50 mg. per cc. *Vistaril Capsules* (as the pamoate)—25, 50, and 100 mg. *Oral Suspension* (as the pamoate)—25 mg. per 5 cc. teaspoonful.

More detailed professional information available on request.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

They can be separated

COMFORTABLE
PREOPERATIVE
SEDATION

FREQUENT
RESPIRATORY
DEPRESSION
AND HYPOTENSION

The use of narcotics alone in preoperative analgesia too often risks serious undesirable effects including respiratory depression and hypotension. Narcotics combined with phenothiazines may risk other untoward effects including jaundice and blood dyscrasia.

VISTARIL makes possible a substantial reduction in the amount of meperidine (or other narcotics) required for satisfactory analgesia. VISTARIL PARENTERAL SOLUTION (I.M. or I.V.) helps to provide desired sedation and control of emesis while virtually eliminating undesirable reactions.

Vistaril®
HYDROXYZINE HYDROCHLORIDE
Parenteral Solution



Pfizer *Science for the world's well-being™*

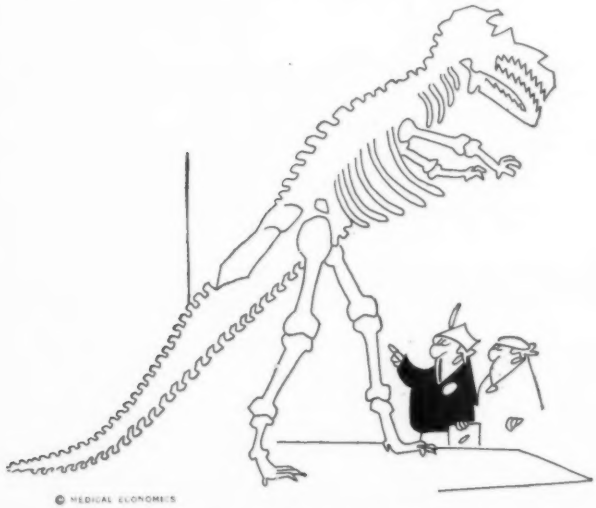
XUM

al basis. This will permit him to practice as little or as much as he pleases. But since he'd be paying 50 per cent of his gross income as a rental charge, there wouldn't be too much inducement to continue practice.

There's one other provision of special interest: It's the clause (Section 8) that concerns the financial settlement to be made in case one of the doctors dies during the life of the agreement.

You'll notice that definite payment arrangements have been agreed on: The surviving partner would pay to the estate a fixed amount monthly for the two years following decease. But the exact amount of such payments has not been fixed in advance in the agreement.

Instead, the doctors hold an annual business meeting each February to decide how much each would pay if the other died during the next year. They feel that this annual evaluation will make it pos-



"Here's where I get my pain."

DECLOMYCIN®

DEMETHYLCHLORTETRACYCLINE LEDERLE

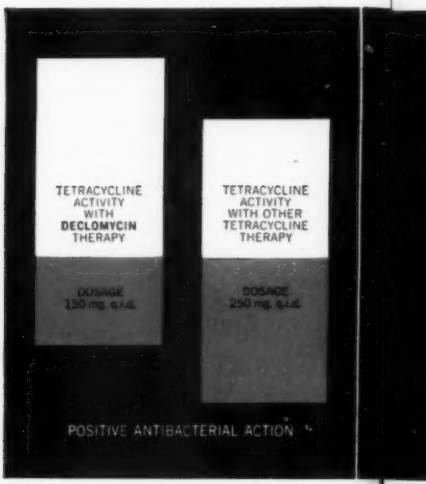


attains
sustains
retains

extra
antibiotic
activity

extra-activity...promptly attained

DECLOMYCIN Demethylchlortetracycline attains —usually within two hours—blood levels more than adequate to suppress susceptible pathogens. These levels are attained in tissues and body fluids on daily dosages substantially lower than those required to elicit antibiotic activity of comparable intensity with other tetracyclines. With other tetracyclines, the average, effective, adult daily dose is 1 Gm. With DECLOMYCIN Demethylchlortetracycline, it is only 600 mg.



DECLO

evenly sustained

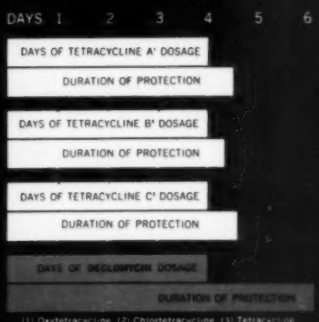
DECLOMYCIN Demethylchlortetracycline **sustains**, through the entire therapeutic course, the high activity levels needed to control the primary infective process and to check the onset of a complicating secondary infection at the original—or at another—site. This combined therapeutic action is sustained, in most instances, without the pronounced hour-to-hour, dose-to-dose, peak-and-valley fluctuations in activity levels which characterize other tetracyclines.

long retained

DECLOMYCIN Demethylchlortetracycline retains significant activity levels, up to 48 hours after the last dose is given. At least a full, extra day of positive antibacterial action may thus be confidently expected. One capsule four times a day, for the average adult in the average infection, is the same as with other tetracyclines—but the **total** dosage is lower and the duration of anti-infective action is longer.



PROTECTION AGAINST PROBLEM PATHOGENS



PROTECTION AGAINST RECURRENCE

MYCIN®

DEMETHYLCHLORTETRACYCLINE LEDERLE

XUM

- higher activity/intake ratio—positive antibacterial action
- sustained activity levels—protection against problem pathogens
- up to two extra days' activity—protection against recurrence

CAPSULES, 150 mg., bottles of 16 and 100. **Dosage:** Average infections—1 capsule four times daily. Severe infections—Initial dose of 2 capsules, then 1 capsule every six hours.

PEDIATRIC DROPS, 60 mg./cc. in 10 cc. bottle with calibrated, plastic dropper. **Dosage:** 1 to 2 drops (3 to 6 mg.) per pound body weight per day—divided into 4 doses.

SYRUP, 75 mg./5 cc. teaspoonful (cherry-flavored), bottles of 2 and 16 fl. oz. **Dosage:** 3 to 6 mg. per pound body weight per day—divided into 4 doses.

PRECAUTIONS: As with other antibiotics, DECLOMYCIN may occasionally give rise to glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis or dermatitis. A photodynamic reaction to sunlight has been observed in a few patients on DECLOMYCIN. Although reversible by discontinuing therapy, patients should avoid exposure to intense sunlight. If adverse reaction or idiosyncrasy occurs, discontinue medication.

Overgrowth of nonsusceptible organisms is a possibility with DECLOMYCIN, as with other antibiotics. The patient should be kept under observation.

for the added measure of protection in clinical practice

DECLOMYCIN®

DEMETHYLCHLORTETRACYCLINE LEDERLE

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

XUM

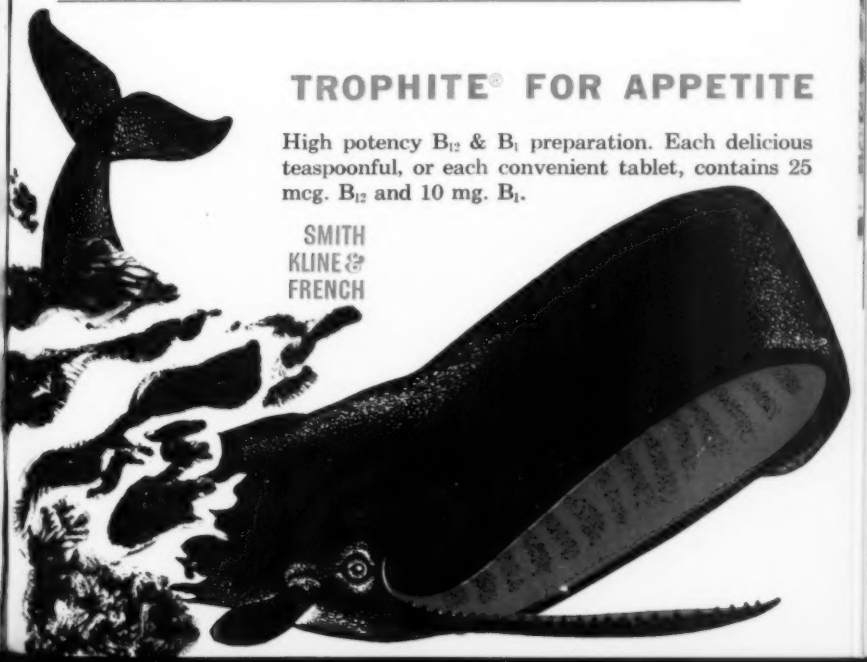
sible to establish a fairer settlement.

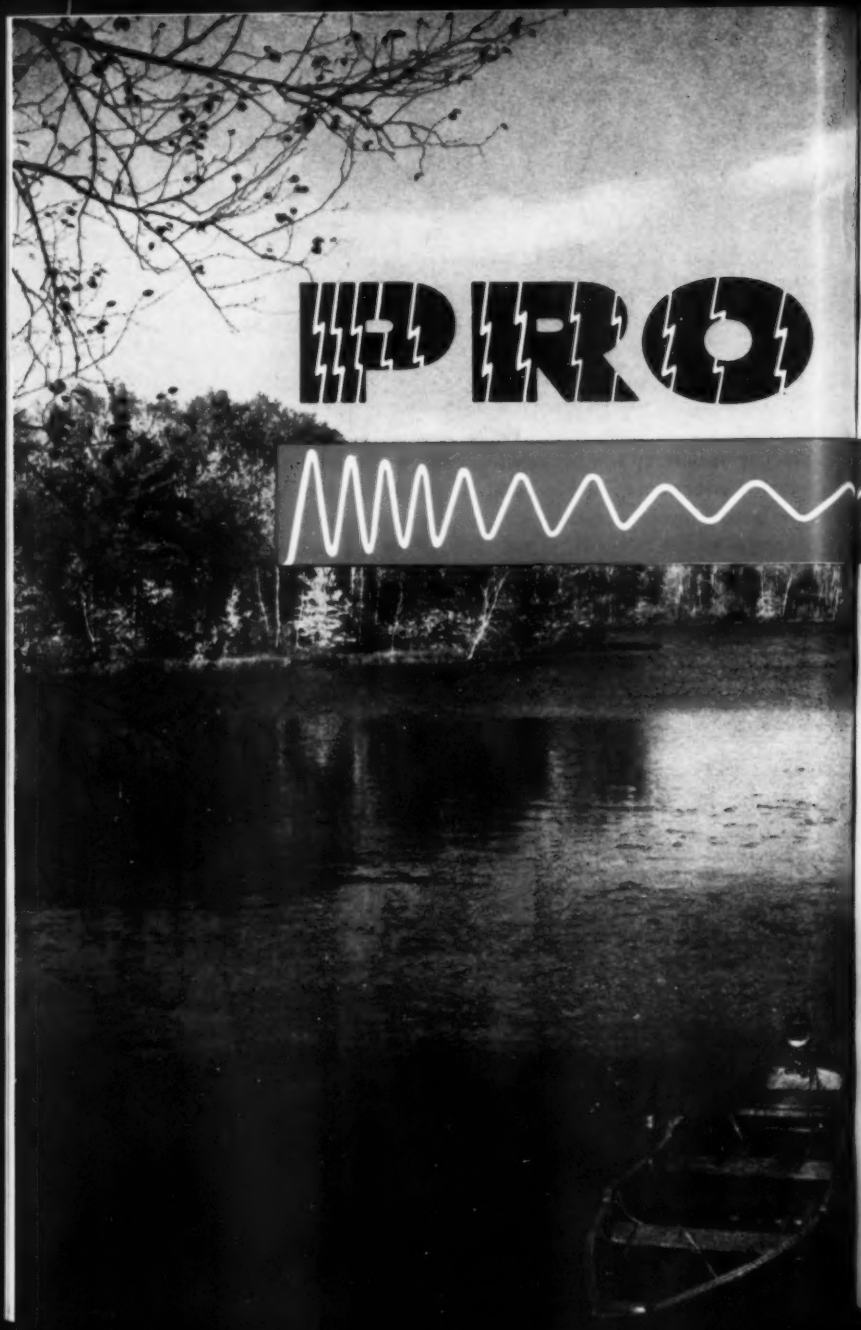
So far, I've discussed only the legal and financial aspects of selling a practice in slow motion. But there are other rewards. For example, Dr. Jackson derives immense satisfaction from knowing that the practice he built up will be perpetuated. Furthermore, he has been able to take regular vacations with no loss of income.

I realize, of course, that the "slow-motion" concept isn't for every doctor. A practice may be too limited for a two-man partnership. Or you may be the type who wouldn't want a colleague in your office. And, of course, it's never easy to find the right partner.

But when the plan *can* be set up, it's often highly successful. I had my latest indication of this when Dr. Barnes dropped in to see me the other day.

With his present partner scheduled for retirement next year, he's already talking about the need for a new man to help handle the prac-




HP IRQ

NEW from Searle

BITAL™

BRAND OF PROPANTHELINE BROMIDE WITH PHENOBARBITAL

smooth,
calm
relief

...in smooth-muscle spasm

RATIONAL NEW ANTISPASMODIC FORMULATION:

propantheline bromide (7.5 mg.) the standard for control of gastrointestinal spasm / and phenobarbital (15 mg.) the standard for augmenting antispasmodic action

compression-coated tablets

Probital provides rational, convenient therapy in smooth-muscle spasm: spasm of the pylorus, small and large intestines and the sphincter of Oddi, as well as gastritis, biliary dyskinesia and diverticulitis.

G. D. SEARLE & CO. *Research in the Service of Medicine* SEARLE

XUM

SYMPTOMATIC RELIEF ...AND FAST

from the

DRIP AND STUFFINESS

associated with

COMMON COLD

'FEDRAZIL'®

Sugar-coated Tablets

. . . contain an orally effective nasal decongestant combined with a good antihistamine

Dose: 2 tablets initially, then one every 3 or 4 hours as needed

Each sugar-coated tablet contains:
'Sudafed'® brand Pseudoephedrine Hydrochloride . . . 30 mg.
'Perazil'® brand Chlorcyclizine Hydrochloride . . . . . 25 mg.

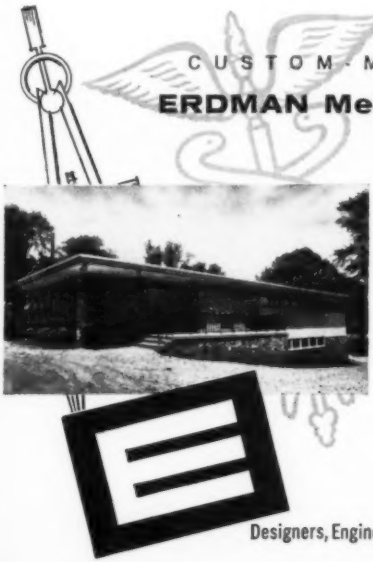
BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York

tice. "I'll soon be old enough to start in on a slow-motion sale of my own," he told me. END

Do you ask pharmacists to label drugs by name?

If you sometimes instruct the pharmacist to label an Rx package with the name of the drug, you're no longer in the minority. More than 56 per cent of a sample of physicians recently quizzed by American Druggist magazine said that—at least occasionally—they ask pharmacists to include drug names on their labels. The doctors give these reasons for doing so:

- When the patient is told the name of the drug, he often feels a sense of participation in the treatment. So he may well become more cooperative.
- A patient who's taking more than one medication is less likely to get them confused if he knows the name of each.
- The patient may save money if



CUSTOM-MANUFACTURED

ERDMAN Medical Buildings...

Experienced Erdman designers, firm prices, quality materials and quick construction permit doctors to build specialized medical buildings with a minimum of trouble, time and cost. Over 300 doctors now practice with maximum efficiency in Erdman buildings. Erdman builds with your particular practice in mind, tailored to your specific location, and saves with standardized units, mass-produced materials and parts.

Write Marshall Erdman & Associates, Inc., 5110 University Avenue, Madison 5, Wis. Tel.: CEdar 3-5354

Designers, Engineers and Builders of Custom Medical Buildings

4,860 CULTURES... 74% SENSITIVE TO

CHLORO

In a study of the sensitivity of various clinically important bacteria to six common antibacterial substances, Goodier and Parry[1] report "...a greater proportion of the individual strains within the various genera sensitive to chloramphenicol."

Numerous other studies draw attention to the continuing sensitivity of stubborn pathogens to CHLOROMYCETIN.[2-8] For example, Modarress and co-workers observe: "The versatile chloramphenicol was useful each year."[2] Petersdorf and associates[3] state: "There has been no increase in resistance to chloramphenicol... during the past three years."

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

References: (1) Goodier, T. E. W., & Parry, W. R.: *Lancet* 1:356, 1959. (2) Modarress, Y.; Ryan, R. J., & Francis, Sr. C.: *J. M. Soc. New Jersey* 57:168, 1960. (3) Petersdorf, R. G., *et al.*: *Arch. Int. Med.* 105:398, 1960. (4) Rebhan, A. W., & Edwards, H. E.: *Canad. M.A.J.* 82:513, 1960. (5) Bauer, A. W.; Perry, D. M., & Kirby, W. M. M.: *J.A.M.A.* 173:475, 1960. (6) Olarte, J., & de la Torre, J. A.: *Am. J. Trop. Med.* 8:324, 1959. (7) Berle, B. B., *et al.*: *New York J. Med.* 59:2383, 1959. (8) Fisher, M. W.: *Arch. Int. Med.* 105:413, 1960.

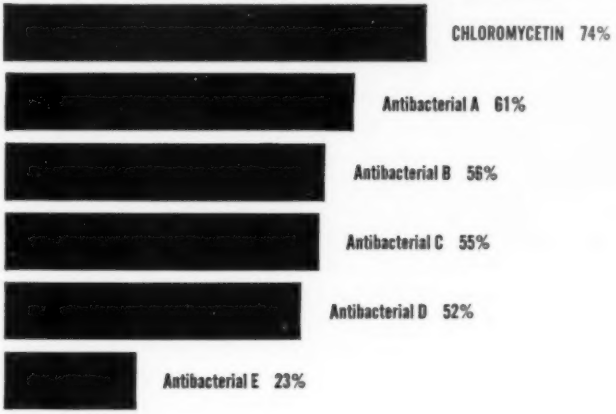
PARKE, DAVIS & COMPANY
Detroit 32, Michigan

PARKE-DAVIS

MYCETIN®

(chloramphenicol, Parke-Davis)

IN VITRO SENSITIVITY OF 4,860 GRAM-POSITIVE AND GRAM-NEGATIVE PATHOGENS TO CHLOROMYCETIN AND TO FIVE OTHER ANTIBACTERIALS*



*Adapted from Goodier & Parry[1]

XUM

the doctor prescribes by name a medication that he has used previously and still has on hand.

• The doctor may need to know the name of a given drug instantly —e.g., when a patient has taken an overdose. If the name's on the label, it can save valuable time.

Despite such arguments, nearly 44 per cent of the surveyed doctors say they oppose such labeling. Their reasons:

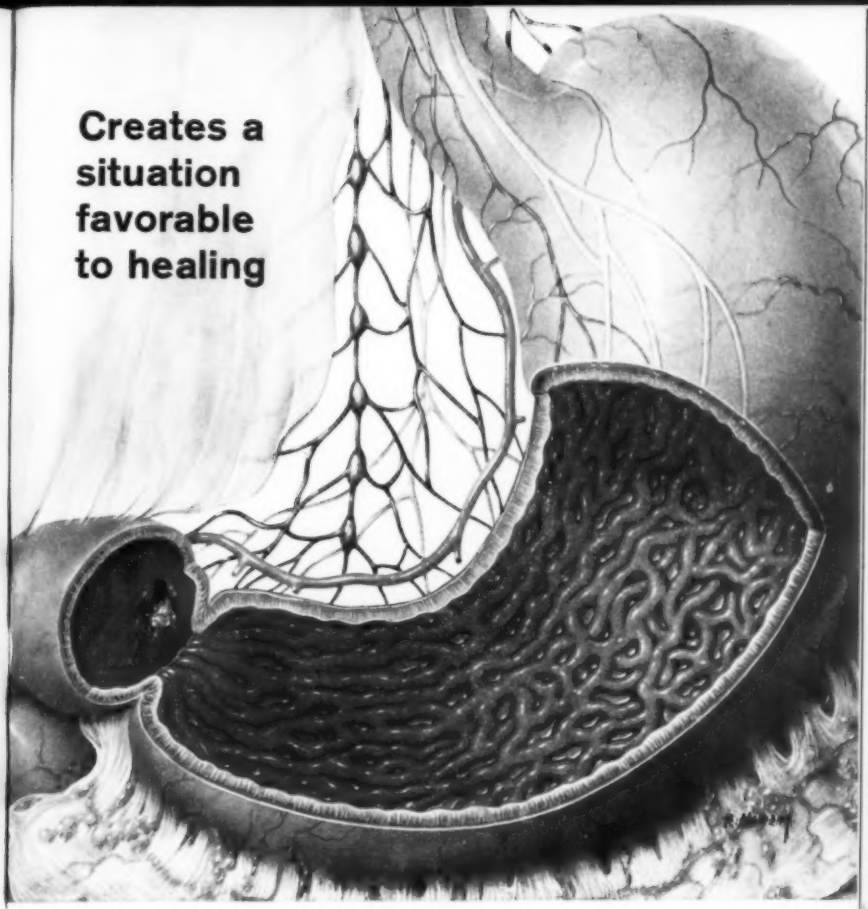
• Laymen like to discuss the kind of medicine they're taking. Once they start comparing drugs by name, their doctors are in for a hard time.

• If the drug name is on a label, the patient may think that it can be bought without a prescription. When he finds that he can't buy the drug over the counter, he may conclude that the doctor and the pharmacist are in cahoots to make him visit the doctor's office and run up a bill. END

Crumbling pedestal

One of my old-lady patients has suffered for years from arthritis, diabetes, hypertension, and a host of minor complaints. As a result, we've been through many a crisis together. Despite the warm rapport engendered by these episodes, she can't or won't understand that her ailments are chronic, that I can't "cure" her. On her last office visit, I found her blood pressure elevated and told her to increase her medication. She was unhappy over this. "I just can't see how it *could* be up," she said. "I've been resting all week." So I tried to explain, as so often before, that while we know a number of things that can aggravate hypertension, we still don't know the prime cause. "Well," she sniffed, "I knew you were bad on arthritis and diabetes, but this is becoming *ridiculous!*" —THORNTON A. DAVIS, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Medical Economics, Inc., Oradell, N.J.*



In ulcer: 'Combid' *Spansule* capsules provide emotional as well as physical control. 'Combid' reduces secretion, spasm and nausea—as well as anxiety, tension and apprehension—for 10 to 12 hours after just one capsule. A convenient q12h regimen provides 24-hour, continuous control; creates a situation favorable to healing. For full information, see PDR.
Smith Kline & French Laboratories.

SK&F

Combid®
brand of prochlorperazine
and isopropamide

Spansule®
brand of sustained release capsules

XUM

new

clinical proof

Terra-Cortril®

brand of oxytetracycline and hydrocortisone

TOPICAL OINTMENT

a single formula for dual control in dermatitis of allergic or infectious etiology



NOV 24

J. P., 3-year-old male. Shoulder abraded as result of a fall. Developed a pyodermatitis of 3 weeks' duration.

NOV 30

healed in 6 days with Terra-Cortril ointment.

Science for the world's well-being™

Pfizer

PFIZER LABORATORIES

Division, Chas. Pfizer & Co., Inc.

Brooklyn 6, New York

Case report in files of Pfizer Laboratories Medical Department

XUM

Terra-Cortril®
IN BRIEF

TERRA-CORTRIL Topical Ointment unites the potent anti-inflammatory action of hydrocortisone (Cortril®) with the broad-spectrum anti-infective control of oxytetracycline (Terramycin®), for rapid relief of symptoms and resolution of lesions in primary skin infections; in contact and other allergic dermatoses, the antibiotic controls secondary infectious complications. Unusually well tolerated, TERRA-CORTRIL makes possible the successful treatment of a wider range of skin conditions with a single medication.

INDICATIONS: Pyodermas, allergic dermatoses, neurodermatitis, wounds, minor burns, and other inflammatory skin conditions with superimposed infections. Supplemental oral antibacterial therapy is advisable in the treatment of severe infections or those which may become systemic.

ADMINISTRATION AND DOSAGE: After thorough cleansing of affected skin areas, a small amount of ointment should be applied gently. Repeat up to four times daily. When actual infection is present, apply on sterile gauze for continuous contact with affected area. Therapy should not be discontinued too soon after initial response has been obtained.

SIDE EFFECTS: Few instances of hypersensitivity to topically applied hydrocortisone have been reported. Allergic reactions to Terramycin are infrequent. TERRA-CORTRIL Topical Ointment should be discontinued if such reactions occur and are severe.

PRECAUTIONS AND CONTRAINDICATIONS: Broad-spectrum antibiotics may cause overgrowth of nonsusceptible organisms, e.g., monilia, resistant staphylococci. If this occurs, discontinue the medication and take appropriate countermeasures. With the exception of herpes simplex and second-degree burns, there are few dermatologic contraindications to topical use of hydrocortisone.

SUPPLIED: In ⅛-oz. (5.0 gm.) and ½-oz. (14.2 gm.) tubes, containing 3% oxytetracycline (Terramycin®) hydrochloride and 1% hydrocortisone (Cortril®) alcohol in each gram of petrolatum base.

Also available: TERRA-CORTRIL Eye/Ear Suspension—5 cc. dropper bottle.

More detailed professional information available on request.

XUM



SEPTISOL

with HEXACHLOROPHENE 0.75%

ANTISEPTIC LIQUID HAND SOAP

Provides a continuous barrier against infection and disease transmission, leaving an invisible film on the skin that keeps on killing bacteria—many hours after washing.

Have you tried SEPTISOL Antiseptic SKIN CREAM, the *NEW* supplementary product for "in-between-washes" that augments regular SEPTISOL? *TRY IT SOON!*

VESTAL

VESTAL, INC.

4963 Manchester Ave.,
St. Louis 10, Mo.

Do your surgery near home, College of Surgeons warns

Surgeons who wield the knife too far from home have received an official reprimand in the Bulletin of the American College of Surgeons. Itinerant surgery, states the A.C.S. Board of Regents, is "inimical to the welfare of patients."

The regents define itinerant surgery as operations where, because of distance, the "operating surgeon must delegate the exacting responsibility for postoperative care to another who . . . is not fully qualified to undertake it." This kind of surgery should be tolerated only when (1) the operation can't be delayed; (2) the patient can't safely be moved to a hospital where the operating surgeon is in regular attendance; or (3) the surgeon has skills not available locally, and another fully qualified surgeon takes over post-op care.

Can you expect the College to start disciplining itinerant surgeons? Probably not. When asked about enforcement, Dr. I. S. Ravdin, chairman of the Board of Regents, said: "We believe that if we enunciate a policy that's right, the medical profession itself will see that it's enforced." END

XUM



NEEDED: THE APPETITE SUPPRESSANT STRONG ENOUGH AND SAFE ENOUGH TO DO THE JOB

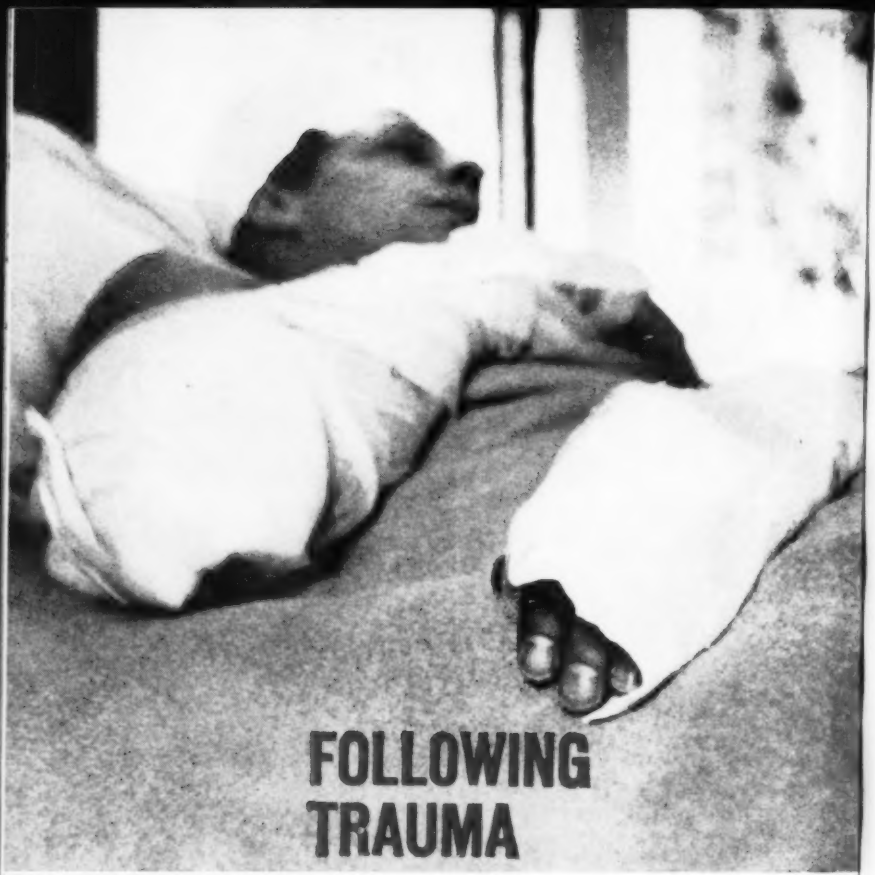
Ambar controls many cases of overeating/obesity refractory to usual therapy. To strengthen the will for successful dieting, the methamphetamine-phenobarbital in Ambar is designed to improve mood without harmful CNS overstimulation. Available in different forms to enable individualization of dosage: **AMBAR #1 EXTENTABS,** 10-12 hour extended action tablets, methamphetamine HCl 10.0 mg., phenobarbital 64.8 mg. **AMBAR #2 EXTENTABS,** methamphetamine HCl 15.0 mg., phenobarbital 64.8 mg. Also conventional **AMBAR TABLETS,** methamphetamine 3.33 mg., phenobarbital 21.6 mg.

Robins

A. H. ROBINS CO., INC., RICHMOND, VA.

Ambar™ #1 Extentabs® / Ambar™ #2 Extentabs®

XUM



nutritional therapy in the "therapeutic" jar

STRESSCAPS helps meet increased metabolic requirements in burns, fractures and wounds. Abnormal levels of water-soluble vitamins are suddenly required with other nutritional factors—just as the stress reaction induces severe depletion[1, 2] and alters metabolism.[3] High potency supplements must be administered[1, 2] as provided by STRESSCAPS, to support rapid recovery and prevent general complications of metabolic failure. Of "therapeutic" importance to the out-patient, the attractive STRESSCAPS jar is a convenient reminder of daily dosage . . . insuring adequate intake over the therapeutic course.

Each capsule contains: Thiamine Mononitrate (B_1) 10 mg., Riboflavin (B_2) 10 mg., Niacinamide 100 mg., Ascorbic Acid (C) 300 mg., Pyridoxine HCl (B_6) 2 mg., Vitamin B_{12} 4 mcgm., Calcium Pantothenate 20 mg., Vitamin K (Menadione) 2 mg. Average dose: 1-2 capsules daily.

1. Richardson, M. E.: J. Am. Osteop. A. 57:562 (May) 1958. 2. Mason, M. L.: Northwest Med. 57:1439 (Nov.) 1958. 3. Coleman, S. S.: Am. J. Surg. 97:43 (Jan.) 1959.



LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

STRESSCAPS®

Stress Formula Vitamins Lederle

Financial briefs

FOR YOUR NEXT GROWTH STOCK, consider a small business investment company (one that bets its capital on new businesses). About a dozen S.B.I.C.s are now traded over the counter, and one zoomed 250 per cent in little over a year. Though S.B.I.C.s are speculative, they offer these tax advantages: Your losses, unlike those in other stocks, can be deducted in full from ordinary income. And S.B.I.C.s aren't taxed on dividends earned on their investments.

YOU MAY GET AN ESTATE TAX DEDUCTION for a bequest to your medical society. A court of appeals granted the deduction for a lawyer's bequest to his bar association. And the U.S. Supreme Court has refused to upset the ruling.

CHECK INTO BRITISH GOVERNMENT BONDS for a safe, high-paying investment. They're the "best buy of the year," says the brokerage firm of Arthur Wiesenberger & Co. The bonds now are near their lows of the last two centuries and offer almost 6 per cent interest. They're traded over the counter in the U.S.

DOES IT PAY TO BUY STOCKS ON MARGIN right now? Not unless you've got some strong reasons for thinking the stock will go up, says Investment Analyst Lloyd Haas. You'll have to pay 5½-6

XUM

per cent on the margin money you borrow, while the average stock pays only about 3½ per cent in dividends. "Your stock would have to appreciate at least 2 per cent a year just for you to stay even," he points out.

IF A REVENUE AGENT BOOSTS YOUR TAX, it'll no longer help him win a promotion. In the past, T-men may have been rated by the extra dollars they pulled in, concedes I.R.S. Commissioner Dana Latham. But now the Service has set up a new system of rating agents to discourage them from demanding excessive tax assessments.

NEW CONSOLATION FOR INVESTORS who fall prey to unscrupulous brokers: The New York Stock Exchange for the first time has admitted a "moral responsibility" for losses caused by the frauds of its members. Such cases are rare, but one has just made headlines. The Exchange is likely to reimburse the fleeced investors and take out insurance against future frauds.

BUY GOLD STOCKS if you're looking for a hedge against devaluation of U.S. currency, some brokers are now urging clients. Gold prices in Europe recently hit a ten-year high, touching off a sudden rise in gold-mining shares. If foreign gold prices continue to spurt, the Treasury may be forced to devaluate. And then gold stocks would really take off.

XUM

important new therapy in Peptic Ulcer

cessation of all symptoms and complete healing in 70 out of 78 cases as reported in Postgraduate Medicine (Oct.) 1959

"...chymotrypsin offers a new approach to the treatment of peptic ulcer."

In 54 cases, most of them hospitalized, in which chymotrypsin (Chymar) was used in conjunction with other agents "All of the symptoms disappeared and *complete healing of* the ulcer occurred in 49 (90.7 per cent) of the 54 cases... Average time for cessation of symptoms ... 6 days; for complete healing ... 36 days; average follow-up period ... 12 months. *In 24 cases* in which Chymar was used alone, "Cessation of all symptoms and *complete healing occurred in 21 (87.5 per cent)* of the 24 cases..." Average time for cessation of symptoms ... 5.8 days; for complete healing ... 24 days; average follow-up period ... 25.5 months.

Conclusions: "Because of the excellent results obtained in 78 cases of peptic ulcer ... I strongly recommend its use as a most valuable adjunct in the treatment of this disease."*

*Mozan, A. A.: Postgraduate Med. 26:542, 1959

the superior anti-inflammatory enzyme

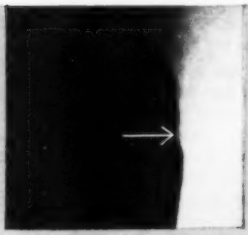
Chymar®

chymotrypsin *Buccal/Aqueous/Oil*

controls inflammation, swelling and pain



Pretreatment roentgenogram made on January 26, 1957 shows a large niche on the upper third of the lesser curvature.



Roentgenogram made on February 23, 1957 shows only a slight indentation on the lesser curvature.

CHYMAR Buccal

CHYMAR Aqueous

CHYMAR

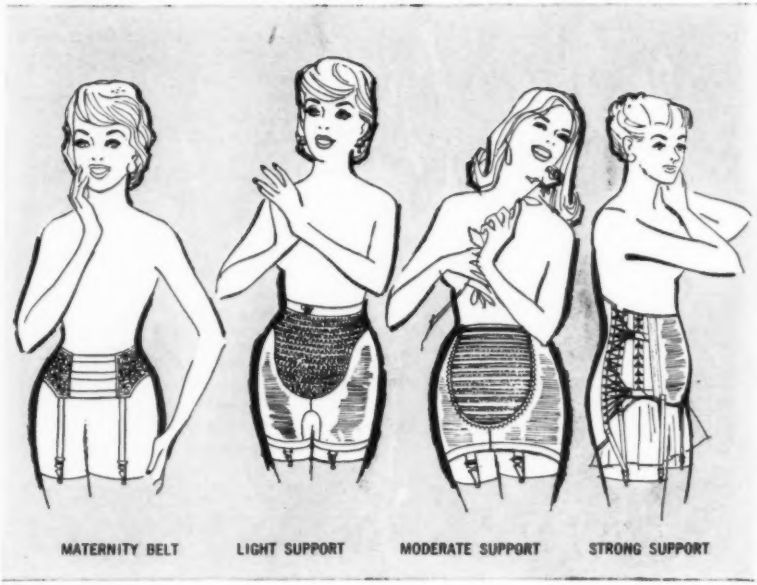
ARMOUR PHARMACEUTICAL COMPANY ● KANKAKEE, ILLINOIS / *Armour Means Protection*

© 1960, A. P. Co.

XUM

CAMP TRADE MARK *prenatal supports*

new . . . lightweight . . . fashionable



Here are a few of the newly created Camp prenatal garments for expectant mothers. Now doctors can recommend Camp with assurance; their patients can choose from lightweight non-supporting maternity girdles, garter belts, or panty girdles . . . or they can wear the comfortable, functional supporting garment the doctor prescribes.

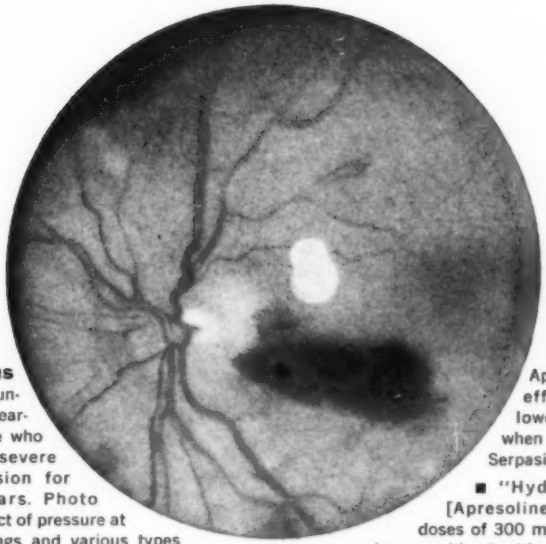
Camp prenatal garments range from a belt to hold up the patient's hose to sturdy supports which help prevent undue stretching of the abdominal walls, aid in preventing strain of the sacro-iliac joints and give adequate support to the back. The wide variety of fabrics and figure types available in Camp's non-support and support type prenatal garments plus the tasteful, attractive styling creates greater patient satisfaction both physically and psychologically. Prices at retail are surprisingly low (from $2.95) and intended to accommodate the most moderate budget.

S. H. CAMP & COMPANY, JACKSON, MICHIGAN CAMP

S. H. Camp & Company of Canada, Ltd., Trenton, Ontario

XUM

When blood pressure must come down



AS IN THIS CASE:[1] Fundus of 62-year-old female who has had severe hypertension for many years. Photo shows effect of pressure at a-v crossings and various types of hemorrhage.

■ When you see eyeground changes like this—with such hypertensive symptoms as dizziness and headache—your patient is a candidate for Serpasil-Apresoline. With this combination the antihypertensive action of Serpasil complements that of Apresoline to bring blood pressure down to near-normal levels in many cases. Side effects can be reduced to a minimum, since Apresoline is effective in lower dosage when given with Serpasil.

■ "Hydralazine [Apresoline] in daily doses of 300 mg. or less, when combined with reserpine, produced a significant hypotensive effect in a large majority of our patients with fixed hypertension of over three years' duration."[2]

Complete information sent on request.

SUPPLIED: Tablets #2 (standard-strength), each containing 0.2 mg. Serpasil and 50 mg. Apresoline hydrochloride. **Tablets #1** (half-strength), each containing 0.1 mg. Serpasil and 25 mg. Apresoline hydrochloride.

REFERENCES: 1. Bedell, A. J.: Clin. Symposia 9:135 (Sept.-Oct.) 1957. 2. Lee, R. E., Seligman, A. M., Goebel, D., Fulton, L. A., and Clark, M. A.: Ann. Int. Med. 44:456 (March) 1956.

SERPASIL®-APRESOLINE® hydrochloride

(reserpine and hydralazine hydrochloride CIBA)

Rx New SER-AP-ES™ to simplify therapy of complicated hypertension

SER-AP-ES Tablets, each containing 0.1 mg. Serpasil, 25 mg. Apresoline hydrochloride, 15 mg. Esidrix / SERPASIL® (reserpine CIBA) / APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA) / ESIDRIX® (hydrochlorothiazide CIBA)

2/2832 MK

XUM

ABOUT THE PARADOX OF THE COUGH...

IN THEORY:
PHARMACOLOGIC ANTAGONISM
a central depressant and a stimulant expectorant

IN PRACTICE:
THERAPEUTIC REINFORCEMENT
central depressant-expectorant combination results in fewer but more productive coughs

IN THEORY:
PHARMACOLOGIC ANTAGONISM
an expectorant and a decongestant

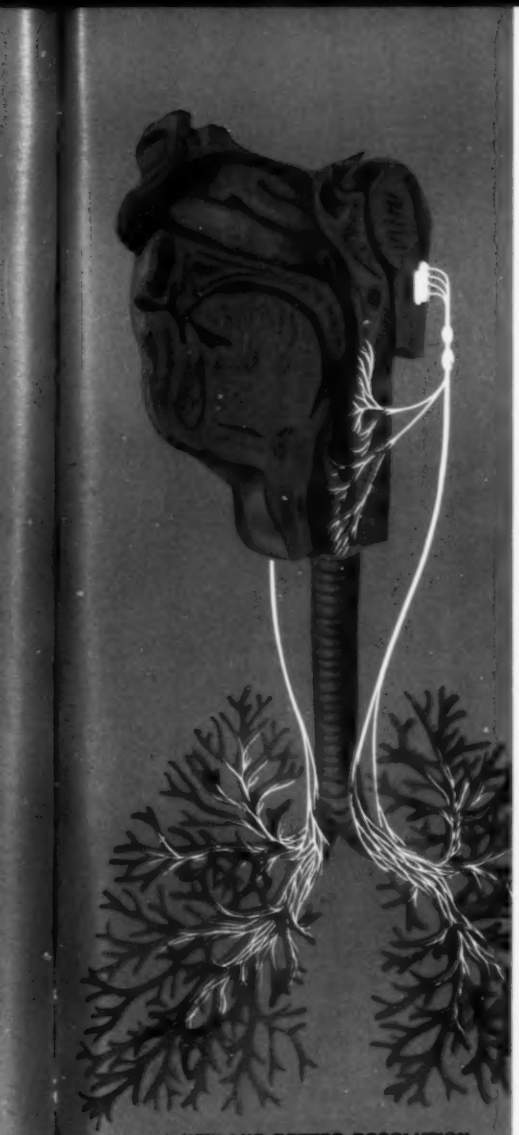
IN PRACTICE:
THERAPEUTIC REINFORCEMENT
bronchial expectorant and nasal decongestant act at different levels of the respiratory tree to relieve cough-provoking irritation

INTRODUCING

A NEW AND BETTER RESOLUTION OF THE COUGH PARADOX

TUSSAMINIC® EXPECTORANT

XUM



A NEW AND BETTER RESOLUTION
OF THE COUGH PARADOX

TUSSAMINIC EXPECTORANT

What is the best way to treat a stubborn cough?

Many physicians prescribe a central cough suppressant, an expectorant and a nasal decongestant.

Prescribe pharmacologic antagonists? It may seem absurd to increase respiratory fluid and stimulate productive coughing, and simultaneously dry up secretions and depress the cough reflex. A paradox?

NEW TUSSAMINIC EXPECTORANT combines three such agents, working together at different levels of the respiratory tree.

COUGH SUPPRESSANT dihydrocodeinone—more active than codeine, but less likely to cause constipation, nausea, and drowsiness. The dosage employed does not abolish cough reflexes, but raises the threshold of the medullary cough center. Result: a minor irritative stimulus is unlikely to trigger a chain of coughs.

EXPECTORANT glyceryl guaiacolate – capable of increasing respiratory tract fluid 200%, and free from iodide side effects. It loosens and liquefies thick, irritating mucus, making the cough more productive.

DECONGESTANT TRIAMINIC – provides complementary action. Postnasal drip often precipitates the cough. TRIAMINIC stops postnasal drip irritating to the sensitive pharyngeal and laryngeal membranes. *Paradox of the pharmacologic antagonists resolved.*

Only *NEW* TUSSAMINIC EXPECTORANT provides this complementary and effective combination.

(It's colorful; it's mint-flavored;
your patients will like it.)

Each tsp. (5 ml.) of Tussaminic Expectorant provides:

DIHYDROCODEINONE BITARTRATE	1.67 mg.
(Warning: May be habit forming)	
TRIAMINIC®	25 mg.
(phenylpropanolamine HCl	12.5 mg.
pheniramine maleate	6.25 mg.
pyrilamine maleate	6.25 mg.)
GLYCERYL GUAIACOLATE	100 mg.
CHLOROFORM	approx. 13.5 mg.
Alcohol	5%

Dosage: (to be administered every 4 hours) *Adults* — 2 tsp.; *Children* 6 to 12 — 1 tsp. *Supplied:* Bottles of 1 pint.

SMITH-DORSEY • Lincoln, Nebraska
a division of The Wander Company

XUM

Bonding your employes is plain good sense!

No doctor's office is immune to embezzlement. So your aide should understand why employes must be bonded routinely. Here's a practical theft-prevention program for you

By Bion H. Francis

Most businesses bond their employes routinely. Businessmen know that losses from employe dishonesty can be as great as fire losses. Yet it's a rare doctor who bonds his aides. Why?

If you're among the majority who dislike the idea, you probably answer that you trust your assistants. If an aide has been with you for years, you may also feel she'd resent being bonded at this point. So you prefer to take your chances on the situation as it is.

The fact remains that many doctors' offices *invite* loss by theft. Cash is within easy reach. Controls aren't tight. Assistants with long service are replaced by strangers.

That's why I believe you should institute bonding now—not only as insurance against losses, but for its restraining effect on future employes. As for your present aide, consider this comment from Richard V. Bibbero, who heads a medical management firm in San Francisco: "An employe who has nothing on her conscience seldom resents being bonded. Instead, she welcomes the idea as a routine protective measure."

Mr. Bibbero rightly stresses the word "routine." With embezzlements on the rise, and with employe turnover also on the rise in most offices, it isn't the bonding of your current aides that counts. It's

THE AUTHOR *is an independent insurance consultant in New England.*



XUM

Some extra benefits of bonding

Management consultants agree almost unanimously on the value of the bonding process in a doctor's office. To quote a few of them:

J. Paul Revenaugh, Professional Business Management, Inc., Chicago: "The investigation the bonding company makes of the employe's past history can eliminate many 'repeating' embezzlers."

Says Nelson J. Young, Professional Management, Detroit: "The typical embezzler spends the stolen money quickly and lacks reserves to make good his thefts. In most cases, the only practical means of recovery is through a bonding company."

E. A. Thieman, Service Bureau for Doctors, Louisville, Ky.: "The mere fact that a girl knows she's bonded is a major deterrent."

Millard K. Mills, Professional Management Midwest, Waterloo, Iowa: "Many doctors are 'soft' when it comes to human-relations problems that involve friction. If there's a bonding company involved, the medical assistant knows there's more likely to be prosecution for an offense."

the instituting of the bonding *process*.

What sort of coverage should you buy? How much will it cost? The following rundown should help you decide:

An *individual* bond covers one employe.

A *name-schedule* bond covers two or more employes by name. This means, of course, that whenever anyone enters or leaves your

XUM

from the medical research laboratories of 3M Company

A TOTALLY NEW ADHESIVE TAPE

Scotch BRAND

SURGICAL TAPE
MICROPOROUS
No. 530



XUM

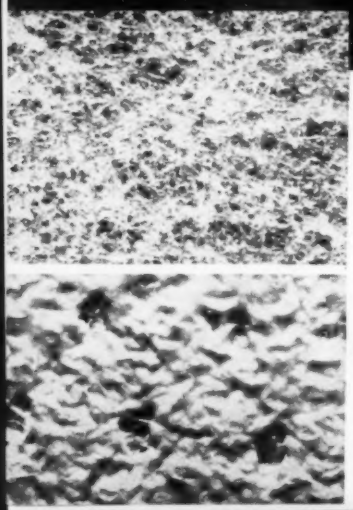
...ENDS DISTRESSING IRRITATION AND PAINFUL REMOVAL!

Reg. U. S. Pat. Off.

Scotch BRAND

SURGICAL TAPE MICROPOROUS

No. 530



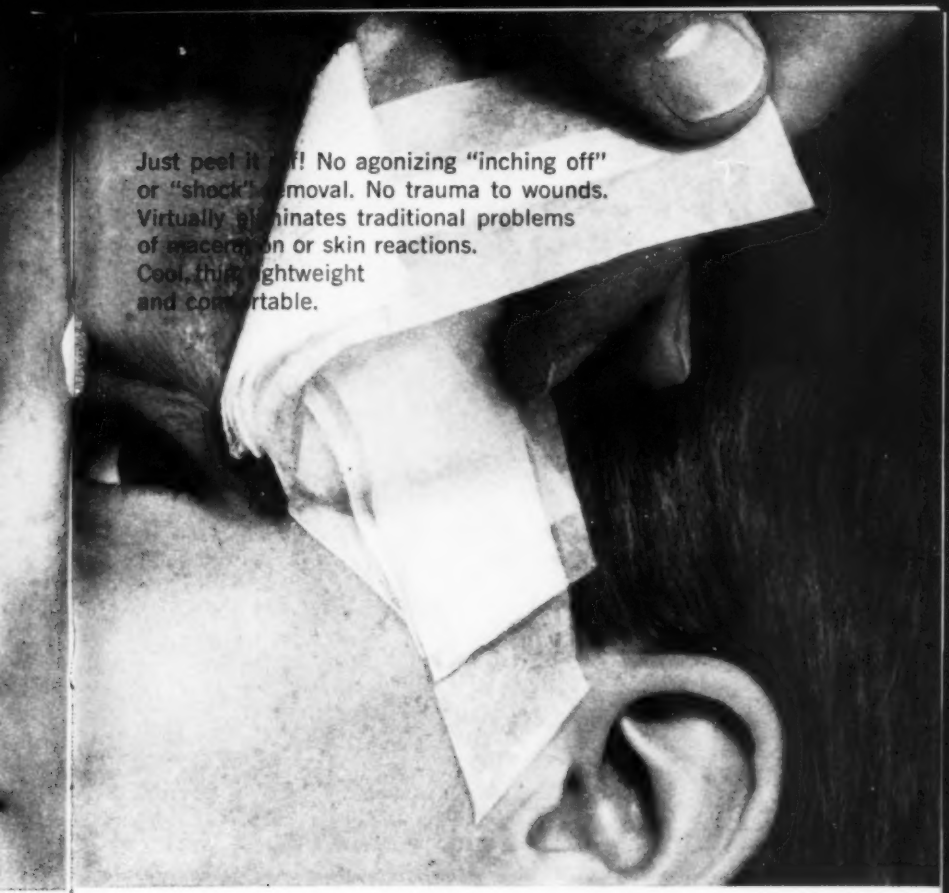
FIRST PHYSIOLOGICALLY INERT, MICROPOROUS TAPE

Macrophoto of "SCOTCH" Brand Surgical Tape shows totally microporous structure of new non-woven rayon backing and thin, non-mobile adhesive. The tape permits free evaporation of perspiration and exudates, minimizes interference with skin function, does not embed hairs, sticks fast – even in baths! – but does not tend to tangle or stick to rubber gloves.

ORDINARY PERFORATED TAPE

In contrast, thick "creeping" adhesive layer of conventional tapes forms occlusive barrier, plugs widely spaced perforations, embeds and pulls hairs . . . contains irritating natural rubbers and resins.

XUM



Application: Unlike conventional adhesive tapes, new "SCOTCH" Surgical Tape does not slip or "creep" and should ordinarily be laid on without tension. Where tension is desired or anticipated, shear stress on the skin may be prevented by cross strips of "SCOTCH" Surgical Tape at the ends of primary application.



Available in usual widths, ½ in. to 3 in., 10 yd. rolls. For further information, write to:

MINNESOTA MINING AND MANUFACTURING COMPANY

...WHERE RESEARCH IS THE KEY TO TOMORROW

"SCOTCH" IS A REGISTERED TRADEMARK OF 3M CO.

XUM

One argument against bonding

Though most management consultants seem to agree on the value of bonding medical office personnel, there *is* one dissenting voice. John C. Post of Professional Business Management, Inc., Washington, D.C., makes these points:

"(1) All doctors who institute bonding are assessed the same cost, even though the chance of loss is less for some individuals than for others. (2) I feel that a man who carefully investigates the character of prospective employes and follows this with good accounting procedures shouldn't take on the additional expense of bonding his personnel. (3) Some doctors have found it difficult, and occasionally impossible, to collect from the bonding companies."

service, the bonding company must be notified of the change.

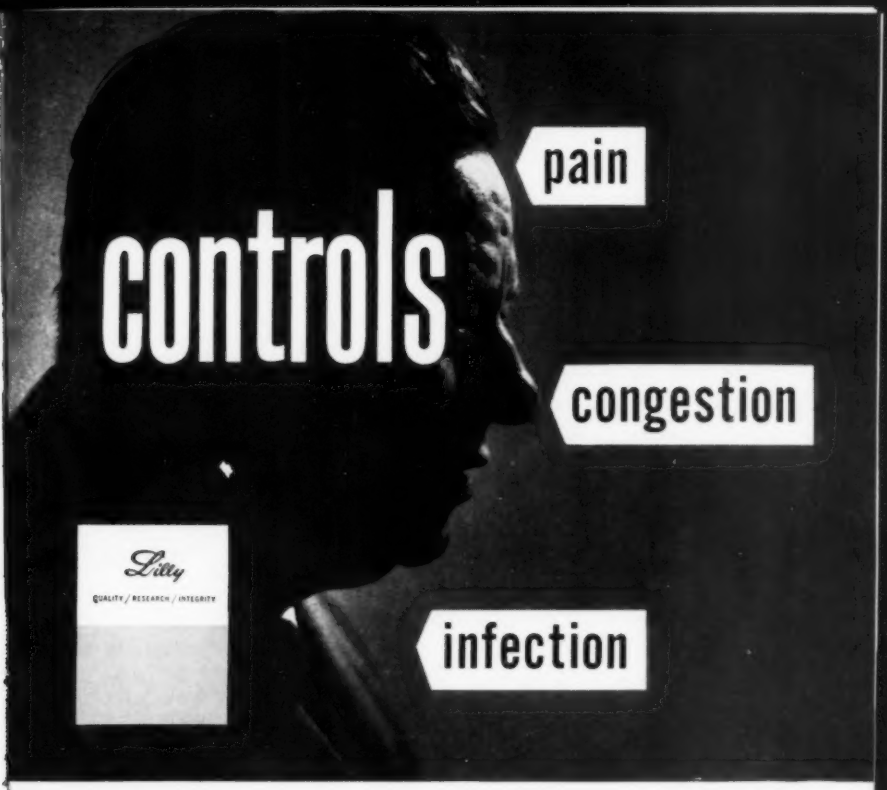
A *position-schedule* bond provides coverage by type of job rather than by name. Thus, if you replace a girl in a given job, the new girl is automatically covered. But if you create a *new* job, you must notify the company.

Typical premium for any of the above basic kinds of fidelity bond: $5 a year for each $1,000 of coverage per employe.

There's one other possibility: the *blanket-position* bond, which provides protection for all your aides, no matter how many, no matter what their jobs. Annual premiums for such blanket coverage start at about $53.55 for a bond with a limit of $2,500 covering up to five "Class A" employes—those who handle money or have custody of drugs and supplies.

This last type of bond will interest you only if you have a large

XUM



V-KOR®... provides relief in respiratory infections

1. fights infection—V-Cillin K® quickly produces higher levels of antibacterial activity than any other form of oral penicillin.

2. relieves congestion—Co-Pyronil™ affords rapid and prolonged antihistaminic action plus vasoconstriction.

3. reduces fever and pain—A.S.A.® Compound provides analgesic and antipyretic action.

DOSAGE: *Two V-Kor tablets* contain the usual therapeutic dose for adults. Repeat every six or eight hours.

SUPPLIED: In attractive green-white-yellow, three-layered tablets.

V-Kor® (penicillin V potassium compound, Lilly) • V-Cillin K® (penicillin V potassium, Lilly) • Co-Pyronil™ (pyrrobutamine compound, Lilly) • A.S.A.® Compound (acetylsalicylic acid and acetophenetidin compound, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

031001

XUM

Nonsurgical treatment of Endometriosis with

ENO

Seventeen patients[1] with presumed endometriosis selected for pseudopregnancy treatment were given Enovid on a "schedule of 10 mg. daily for ten days, 20 mg. daily for two weeks, and 30 mg. daily thereafter." Treatment was continued for fourteen to twenty weeks.

"They all experienced diminution or elimination of pain during treatment. Nine were entirely free of pain. Others were definitely improved but had occasional episodes of pelvic discomfort.... The improvement observed during treatment has generally persisted [during an average follow-up period of five months]. . . . Patients with the most extensive tenderness, nodularity, and symptoms had the best results."

The effect of Enovid in another study is described[2] as follows:

"Enovid is a potent, orally effective progestin. The addition of 3-methyl ether of ethynylestradiol prevents 'breakthrough' bleeding and produces an ideal mimic of the hormonal changes of pregnancy. Enovid inhibits ovulation, induces a secretory endometrium and produces a decidual effect in areas of endometriosis. It is postulated that, after five to six months of such treatment, decidual necrosis occurs and is followed by gradual absorption."

XUM



VID®

The author[2] recommends that this therapy be continued for a minimum of five to six months if the pseudopregnancy is being effected to avoid operation. The side effect of nausea, which usually disappears within four or five days, may be diminished by starting with 5 mg. instead of 10 mg. of Enovid, by use of an antiemetic or by administering the drug with the evening meal or with milk or an antacid.

How Supplied: Enovid (brand of norethynodrel with ethynylestradiol 3-methyl ether) is supplied as uncoated, scored, coral-colored tablets of 10 mg. each.

G. D. SEARLE & CO.
CHICAGO 80, ILLINOIS

Research in the Service of Medicine



1. Andrews, M. C.; Andrews, W. C., and Strauss, A. F.: Effects of Progestin-Induced Pseudopregnancy on Endometriosis: Clinical and Microscopic Studies, Am. J. Obst. & Gynec. 78:776 (Oct.) 1959.
2. Kistner, R. W.: Endometriosis and Infertility, Clin. Obst. & Gynec. 2:877 (Sept.) 1959.

XUM

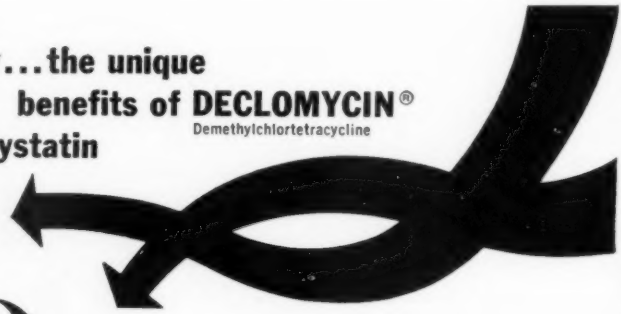
staff of assistants to be bonded, or if you want to bond your aides for large amounts.

Whichever kind of bond you choose, how much protection should you buy? Well, if you want the coverage simply as a deterrent to temptation, a low limit of, say, $2,500 is probably O.K. But if you want real protection against loss, I suggest you think in terms of at least $15,000—an amount I consider suitable for most doctors in private practice. Here's one way to determine whether it's enough for you:

Add 10 per cent of your annual gross receipts to 10 per cent of your cash on hand, your bank accounts, and the value of your drugs and supplies. If the total is less than $15,000, fine; if more, bond your employes for this larger amount.

Make sure, too, that you select your bonding company carefully. It's often a bad idea to switch companies later on. Reason: A bond

Now...the unique benefits of DECLOMYCIN®
Demethylchlortetracycline
with Nystatin



DECLOSTATIN®

Demethylchlortetracycline and Nystatin LEDERLE

CAPSULES, *150 mg. DECLOMYCIN Demethylchlortetracycline HCl and 250,000 units Nystatin.*

DOSAGE: *average adult, 1 capsule four times daily.*

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



patient with congestive heart failure; ascites and 4+ edema to the knee

with Esidrix, 12½ pounds lost in 13 days; basilar râles and ascites no longer present; pitting edema cleared

Photos used with permission of the patient.

benefits in edema, benefits in hypertension plus built-in potassium protection

NEW ESIDRIX-K®

New ESIDRIX-K provides all the oral diuretic-antihypertensive advantages of ESIDRIX, plus a generous potassium supplement. ESIDRIX produces marked excretion of salt and water in edematous patients, and in many hypertensive patients significantly reduces blood pressure, alone or with other antihypertensive drugs. Potassium excretion is minimal, and the built-in K supplement further helps eliminate problems due to potassium loss. Three ESIDRIX-K tablets provide potassium equivalent to one quart of fresh orange juice; ESIDRIX-K is coated to prevent gastric irritation.

Complete information sent on request.

Supplied: Esidrix-K Tablets (white, coated), each containing 25 mg. Esidrix and 500 mg. potassium chloride. Esidrix Tablets, 25 mg. (pink, scored), and 50 mg. (yellow, scored).

Esidrix-K is especially indicated for patients in whom even moderate potassium loss can cause complications, or those whose condition predisposes to hypokalemia. Among candidates for Esidrix-K are patients taking digitalis for congestive heart failure, those with renal or liver disease, those under long-term treatment, and those on salt-restricted diets.

CIBA
SUMMIT, NEW JERSEY

ESIDRIX® (hydrochlorothiazide CIBA)

2/2841MK-0

doesn't cover losses that are discovered after a certain period—usually one or two years—beyond its expiration date. If the loss is discovered later, the replacement bond should cover it. But if you switch companies and discover a loss *during* the discovery period, you'll have to prove not only that the loss *did* occur, but also *when* it occurred.

Do you still prefer not to bond your aides? If so—or even if you *do* institute bonding—there are certain measures you can take to discourage temptation. For instance:

1. Make sure you have a good accounting system. Give your accountant full responsibility for this. His careful work not only helps prevent embezzlement; it's essen-



NOW...FOR ACUTE AND CHRONIC ARTHRITICS

More complete freedom from pain with reduced steroid dosage

PAIN EASES, MUSCLES RELAX WITH SOMA® ■ INFLAMMATION SUBSIDES WITH PREDNISOLONE

WHEN PAINFUL MUSCLES RELAX, INFLAMED JOINTS NEED LESS STEROID



USUAL DOSAGE: One or two SOMAcort Tablets four times daily. SUPPLIED: As white, scored tablets, each containing 350 mg. SOMA (carisoprodol) and 2 mg. prednisolone: bottles of 50.

SOMAcort T.M.

(carisoprodol, Wallace, with prednisolone)

ANTI-INFLAMMATORY / MUSCLE RELAXANT / ANALGESIC

Samples and literature on request

WALLACE LABORATORIES, Cranbury, N. J.

a new antitussive molecule

alpha-(2-dimethylaminoethyl)-o-chlorobenzhydrol hydrochloride,
generically termed "chlophedianol hydrochloride"

NON-NARCOTIC

ULO®

SYRUP



THE ADVANTAGES OF ULO

cough suppressant action	equal to	narcotics	Though it reaches peak action somewhat more slowly, the cough-suppressant power of ULO is fully as great as that of narcotics.
duration of action	greater than	narcotics	After reaching peak action, ULO maintains its maximal cough-suppressant effect undiminished for 4 to 8 hours.
side actions	less than	narcotics	ULO is free from the limitations and undesirable side effects of narcotics...no constipation; no nausea; no gastric irritation; no appetite suppression; no tolerance development; no respiratory depression; no drowsiness.

XUM

CLINICAL RESULTS WITH ULO

in 1078 patients observed by 50 U.S. investigators, 46 of whom were chest physicians.

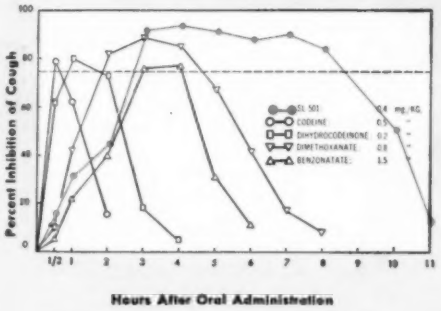
Diagnostic Category	Number of Patients	Results: Good to Excellent	Fair	Poor	Not Specified
Upper Respiratory Infection	521	357	88	57	19
Bronchitis	398	309	42	38	9
Pneumonia	53	44	4	5	0
Postnasal Drip	48	32	9	3	4
Tracheobronchitis	32	23	4	3	2
Croup	14	10	2	2	0
Pleurisy	12	11	0	1	0
Total Patients	**1078**	**786**	**149**	**109**	**34**
Total Patients Benefited		**86.2%**			

Indications

Upper respiratory infections
Common cold
Influenza
Pneumonia
Bronchitis
Tracheitis
Laryngitis
Croup
Pertussis
Pleurisy

4 to 8 hour sustained cough suppression

Comparison of therapeutically equivalent doses of ULO and other antitussive agents



Hours After Oral Administration

Mean per cent inhibition of cough in dogs following oral administration of therapeutically equivalent doses of ULO (SL-501) and other antitussive agents. The horizontal dotted line represents threshold of maximum effectiveness, arbitrarily taken at 75 per cent suppression of counted coughs. Note that the duration of maximum effectiveness of a single dose of ULO is 6 hours, 24 times as long as that of codeine. Peak effectiveness of ULO is not reached until 2 or 3 hours after administration, but the maximum antitussive action lasts at least 6 hours.

Chen, J.Y.; Biller, H.F., and Montgomery, E.G., Jr.: J. Pharmacol. & Exper. Therap. *128*:384, 1960.

Safety

There are no known contraindications. Side effects occur only occasionally and have been mild. Nausea and dizziness have occurred infrequently, vomiting and drowsiness rarely.

Dosage:

Adults: 25 mg. (1 teaspoonful) 3 or 4 times daily as required;
Children: 6 to 12 years of age—12.5 to 25 mg. (½ to 1 teaspoonful) 3 or 4 times daily as required;
2 to 6 years of age—12.5 mg. (½ teaspoonful) 3 or 4 times daily as required.

Availability

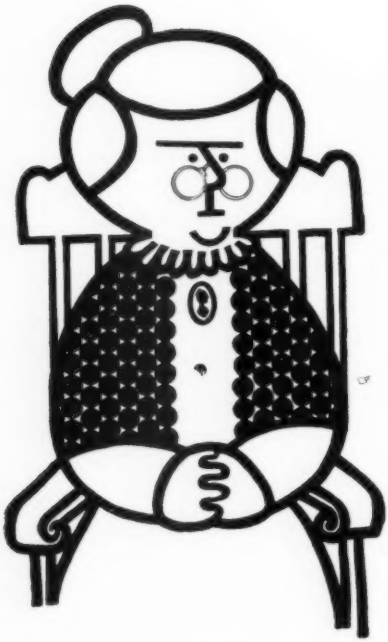
ULO Syrup, 25 mg. per 5cc. (teaspoonful) in bottles of 12 fluid ounces.

Riker

Northridge, California

XUM

RICH IN YEARS BUT POOR IN ENZYMES



she masticates poorly... favors soft foods rich in carbohydrates... admits to 50, but diminishing enzyme secretion says she's probably 10 years older—she's a poor digester

SHE NEEDS "MATURON"
to supplement reduced enzyme secretion, because of poor mastication, low salivation, and diminished functional digestive reserves

to counterbalance nutritional deficiencies caused by inadequate or unbalanced diets

to help prevent and relieve "nervous" indigestion, as in spastic colitis, functional dyspepsia, mucous colitis

new "Maturon"

enzymes
lipotropes
vitamins
minerals

PROMOTES BETTER DIGESTION / IMPROVES NUTRITION

new "Maturon"

a comprehensive formula to aid digestion and fortify the diet

Each "Maturon" Tablet contains:

ENZYMES	
Amylase†	3,000 Units
Protease†	12,000 Units
Tryptic activity†	500 Units
LIPOTROPES	
Inositol	10.0 mg.
dl-Methionine	5.0 mg.
Dehydrocholic acid	40.0 mg.
VITAMINS	
Vitamin A	2,500 U.S.P. Units
Vitamin D	250 U.S.P. Units
Vitamin C	25.0 mg.
Vitamin B_1 mononitrate	1.5 mg.
Vitamin B_2	1.0 mg.
Vitamin B_6	0.5 mg.
Vitamin B_{12}	0.5 mcg.
Intrinsic factor concentrate	1.0 mg.
Calcium pantothenate	3.5 mg.
Nicotinamide	7.5 mg.
Rutin	12.5 mg.
Vitamin E*	2.5 I.U.
MINERALS	
Calcium*	35.0 mg.
Phosphorus*	27.0 mg.
Iodine*	25.0 mcg.
Iron*	12.5 mg.
Manganese*	0.15 mg.
Potassium*	0.85 mg.
Zinc*	0.2 mg.
Magnesium*	2.5 mg.

†Amylase—One unit represents that amount required to hydrolyze 10 mg. of starch in one hour at 30° C.
†Protease—One unit is that amount required to hydrolyze 10 mg. of egg albumin in one hour at 52° C.
†Tryptic activity—One unit is that amount required to hydrolyze 10 mg. of casein in one hour at 40° C.
*Supplied as *d*-alpha-tocopheryl acetate, dicalcium phosphate, dicalcium phosphate, potassium iodide, ferrous sulfate, manganous sulfate, potassium sulfate, zinc sulfate, magnesium sulfate.

USUAL DOSE: One tablet with meals, or as directed by the physician.

SUPPLIED: No. 799—bottles of 100 and 1,000.

AYERST LABORATORIES
New York 16, N.Y. • Montreal, Canada
6038

tial for business and tax purposes.

2. Keep an eye on cash transactions. Make sure they're correctly entered on your books. And insist on signed receipts whenever cash changes hands.

3. Be definite in assigning responsibility. If two girls handle the records and cash with no definition of the extent of each girl's job, watch out! If something goes wrong, each of them can blame the other.

4. Whenever an employe leaves your service, have your accountant make a check of the finances she handled—alone or with others. This protects your other aides from possible blame. (If they're bonded, it also protects you against losses that might not otherwise come to light until after the discovery period.)

5. Check the operation of your bookkeeping system regularly. But not *too* regularly. If you always check on the tenth of the month, for instance, you may defeat your purpose. Somebody may see to it that the figures for check-up day are above suspicion—and then feel free to filch from the till during the rest of the month.

6. Take a lively interest in your

THE FACTS ABOUT MER/29

MER/29 *reduces total body cholesterol in 8 out of 10 —and these are the patients most likely to benefit*

your patient with high cholesterol levels...

MER/29 reduces both serum and tissue cholesterol, irrespective of diet.[1] In 463 patients, the mean cholesterol was reduced from 324 mg.% to 253 mg.% — an average decrease of 71 mg.%.[14]

your patient with angina pectoris...

concurrent benefits have been reported in some patients receiving MER/29. These include decreased incidence and severity of attacks, improved ECG patterns, diminished nitroglycerin requirements, and an increased sense of well-being.[1,4,8-11]

your patient with postmyocardial infarction...

while more time is needed to determine the over-all prognostic significance, it has been observed that MER/29 "...reduced morbidity and mortality rates below those of control series during the first year following coronary thrombosis."[4]

your patient with generalized atherosclerosis...

atherosclerosis "... has been shown to afflict about 77% of American males as early as in the 20-to-30 age range."[2] With MER/29 you have a new, well-tolerated means of lowering cholesterol—considered "... the *sine qua non* of the atheromatous lesion."[2]

compatible with other cardiovascular therapies: MER/29 can be used along with other measures to control anxiety, hypertension, obesity, and other conditions associated with cardiovascular disorders. These include anticoagulants, nitroglycerin, and PETN.

safety data: Patients have now been treated with MER/29 for relatively long and continuous periods. In no case has there been evidence of serious toxic effects on the function of any vital organ or system. However, since long-term MER/29 therapy may be necessary, periodic examinations, including liver function tests, are desirable. Side effects (nausea, headache, dermatitis) are rare and have usually been associated with dosages greater than those recommended for effective therapy.

contraindication: Pregnancy. Since MER/29 inhibits cholesterol biosynthesis, and cholesterol plays an important role in the development of the fetus, the drug should not be administered during pregnancy.

supplied: Bottles of 30 pearl gray capsules.

- ... the first cholesterol-lowering agent to inhibit the formation of excess cholesterol within the body, reducing both tissue and serum cholesterol
- ... no demonstrable interference with other vital biochemical processes reported to date
- ... convenient dosage: one 250 mg. capsule daily before breakfast
- ... toleration and absence of toxicity established by 2 years of clinical investigation

MER/29

(triparanol)

References: 1. Hollander, W., and Chobanian, A. V.: Boston M. Quart. *10*:37 (June) 1959. 2. Oaks, W., and Lisan, P.: Fed. Proc. *18*:428 (Mar.) 1959. 3. Oaks, W. W., *et al.*: A. M. A. Arch. Int. Med. *104*:527 (Oct.) 1959. 4. Lisan, P.: Proceedings, Conference on MER/29, Progr. Cardiovasc. Dis. *2*:(Suppl.)618 (May) 1960. 5. Oaks, W. W.: *Ibid.*, p. 612. 6. Hollander, W., *et al.*: *Ibid.*, p. 637. 7. Halperin, M. H.: *Ibid.*, p. 631. 8. Toro, J.: *Ibid.*, p. 544. 9. Morrison, L. M.: J.A.M.A. *173*:884 (June 25) 1960.

Merrell THE WM. S. MERRELL COMPANY
Cincinnati 15, Ohio • St. Thomas, Ontario

0-3619

TRADEMARK: "MER/29"

employes. Has an aide's mode of living changed sharply? Does an employe with access to your cash face some unusually big bills—for illness in her family, say? An offer of help from your side may be one form of insurance against grief on both sides.

7. Watch out for the aide who wants to skip her vacation. Reluctance to take time off may be the sign of a loyal employe. But it may also signify an unwillingness to give someone else a peek at the books.

8. Reward honesty and long service. If a nurse or receptionist has been with you for many years, she deserves a good salary. Why risk losing a trusted aide by underpaying her?

And one last word of warning: If you ever suspect that an employe has been stealing from you, consult your lawyer immediately. Simply taking a matter like this into your own hands might bring on some unexpected trouble. For example:

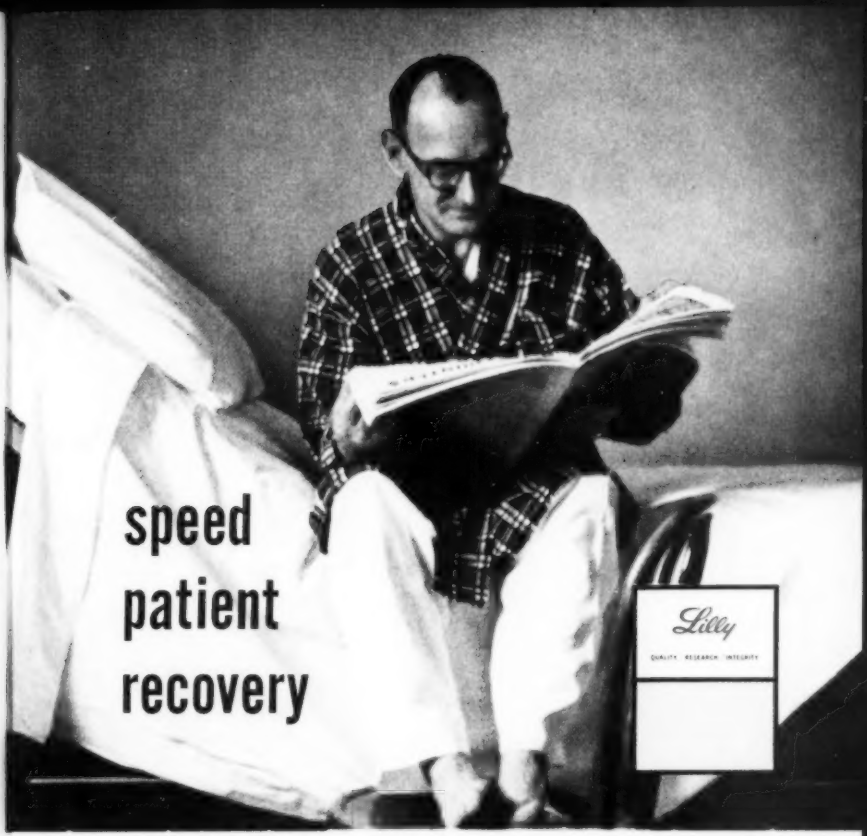
If you prosecute, and if the offense isn't proved, your employe may sue you for false arrest. If you decide not to report the theft, you may be compounding a felony. If you keep the employe in your service, the protection of a fidelity bond will *not* extend to anything she takes thereafter, unless the bonding company makes a specific exemption for her.

So don't fool around with the legalities. See your lawyer. END

Golf-course fever

At Chicago's Tam O'Shanter golf club, a doctor's wife finally broke 100 after months of lessons and daily practice. Greatly excited, she called the hospital to tell her husband the news. But he was in the operating room. "Well," she said to the nurse, "when he comes out, will you please tell him his wife had a 99?" The nurse thought for a moment. Then she asked brightly, "Was that oral or rectal?"

—SAMUEL T. GERBER, M.D.



MI-CEBRIN T®—therapeutic vitamin-mineral tablet helps meet increased nutritional demands

"Primary or secondary nutritional disorders produce or complicate all the problems of the sick."[1] Patients undergoing any prolonged convalescence will recover faster with potent nutritional supplementation.

Mi-Cebrin T supplies *therapeutic* quantities of vitamins and minerals plus intrinsic factor—the "B_{12} absorption booster" of special value to those elderly patients whose ability to absorb vitamin B_{12} may be impaired. For your convalescing patients—prescribe one or more Tablets Mi-Cebrin T a day.

Mi-Cebrin T® (vitamin-minerals therapeutic, Lilly)

1. Spies, T.D.: Some Recent Advances in Nutrition, J. A. M. A., *167*:675, 1958.

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

XUM

an antibiotic improvement designed to provide greater therapeutic effectiveness



now Pulvules® Ilosone® in a more acid-stable form . . . assure adequate absorption even when taken with food

(erythromycin ester lauryl sulfate, Lilly)

Ilosone retains 97.3 percent of its antibacterial activity after exposure to gastric juice (*p*H 1.1) for forty minutes.[1] This means there is more antibiotic available for absorption—greater therapeutic activity. Clinically, too, Ilosone has been shown[2,3] to be decisively effective in a wide variety of bacterial infections—with a reassuring record of safety. Kuder[4] reported "no cases of serious side-effects or toxicity" in a survey of nearly 11,000 patients (mostly children) who were given Ilosone Suspension.

Usual dosage for adults and for children over 50 pounds is 250 mg. every six hours.

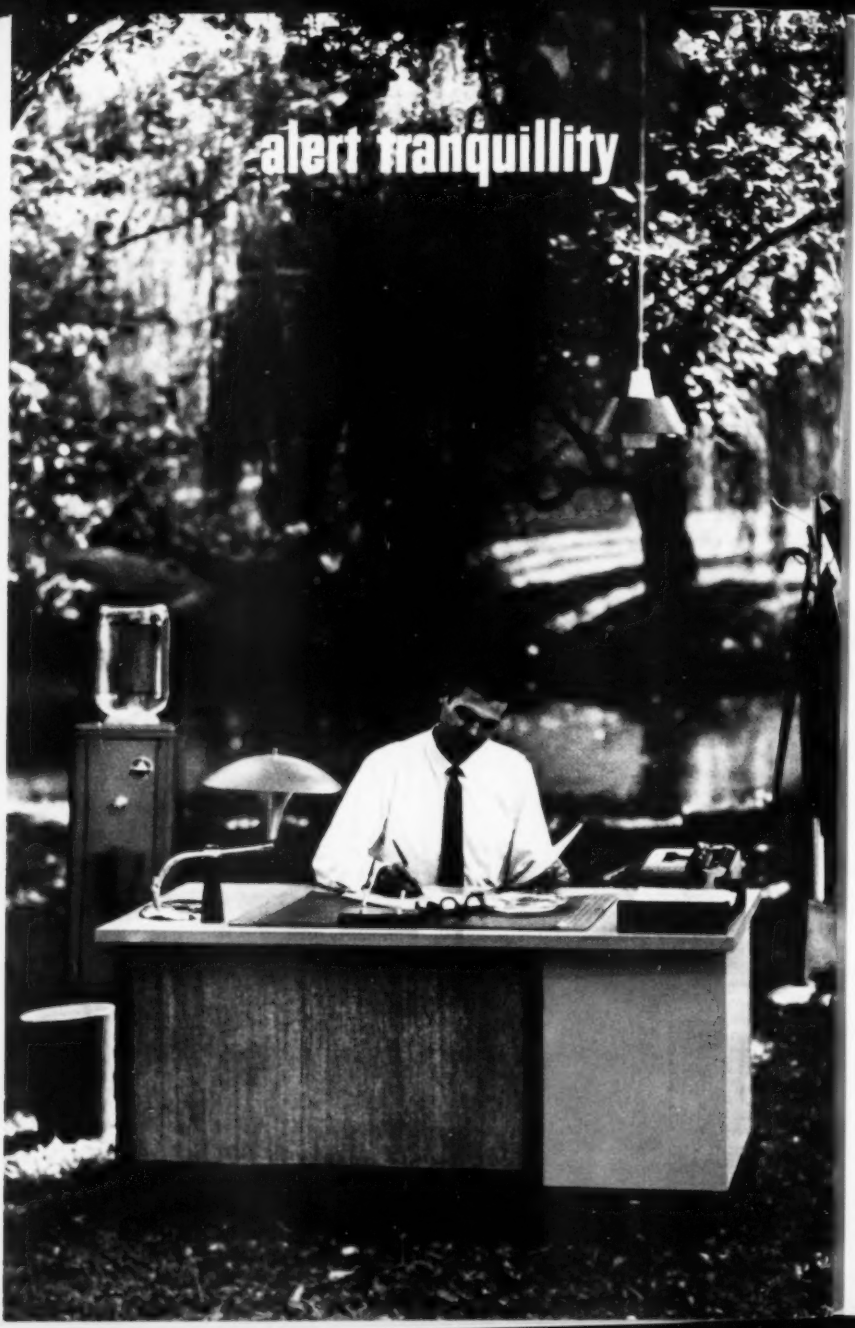
Supplied in 125 and 250-mg. Pulvules and in suspension and drops.

1. Stephens, V. C., *et al.*: J. Am. Pharm. A. (Scient. Ed.), *48*:620, 1959.
2. Salitsky, S., *et al.*: Antibiotics Annual, p. 893, 1959-1960.
3. Reichelderfer, T. E., *et al.*: Antibiotics Annual, p. 899, 1959-1960.
4. Kuder, H. V.: Clin. Pharmacol. & Therap., in press.

Lilly
QUALITY / RESEARCH / INTEGRITY

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U. S. A.

032643


alert tranquillity

a new, improved, more potent relaxant for anxiety and tension

- effective in half the dosage required with meprobamate
- much less drowsiness than with meprobamate, phenothiazines, or the psychosedatives
- does not impair intellect, skilled performance, or normal behavior
- neither depression nor significant toxicity has been reported



alert tranquillity

Striatran®

EMYLCAMATE

- a familiar spectrum of antianxiety and muscle-relaxant activity
- no new or unusual effects—such as ataxia or excessive weight gain
- may be used in full therapeutic dosage even in geriatric or debilitated patients
- no cumulative effect
- simple, uncomplicated dosage, providing a wide margin of safety for office use

STRIATRAN is indicated in anxiety and tension, occurring alone or in association with a variety of clinical conditions.

Adult Dosage: One tablet three times daily, preferably just before meals. In insomnia due to emotional tension, an additional tablet at bedtime usually affords sufficient relaxation to permit natural sleep.

Supply: 200 mg. tablets, coated pink, bottles of 100.

While no absolute contraindications have been found for Striatran in full recommended dosage, the usual precautions and observations for new drugs are advised.

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

MSD MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

STRIATRAN IS A TRADEMARK OF MERCK & CO., INC.

XUM

Are no-load mutual funds as good as they sound?

Some funds charge a sales commission; some don't. Here's a report on the effect such a loading charge has on your investment

By Richard Phalon

No one can get them for you wholesale. Yet there *are* almost thirty mutual funds that don't deduct a sales commission on the shares they sell investors. Are these "no-load" funds as good a buy as they seem? Let's see:

The no-loads can get by without a loading charge because they sell directly to investors. This saves you a middleman's charge that otherwise amounts to about 8 per cent, or more than your first two years' income from your purchase. Remember, too, that a loading charge cuts into your capital; for every $100 you ante up, only $92 goes to work for you.

Cumulatively, this can make a big difference. For example, let's say Dr. A puts $10,000 into a mutual fund charging 8 per cent commission, while Dr. B puts the same amount into a no-load fund. Dr. A then has an equity of $9,200 riding for him; Dr. B, the full $10,000. If both companies manage to increase their assets 100 per cent, Dr. A has only $18,400 to his credit, as against Dr. B's $20,000.

For a comparison based on actual fact, let's take de Vegh Investing Company and Mutual Income Foundation. Both these funds have boosted their asset values by 73 per cent in the last five and one-half years. Discounting taxes, a $10,000 equity in de Vegh would

THE AUTHOR *is a financial writer for the New York Herald Tribune.*

How the no-load funds have made out

Some seasoned investors feel that for safety's sake you shouldn't invest in a mutual fund with less than $8,000,000 in assets. Of the almost thirty no-load funds, only nine that meet this criterion have been in existence since the start of 1955. Here are their performances from January, 1955, to July, 1960*:

$10,000 invested in	Would have grown to
T. Rowe Price Growth Stock	$22,200
de Vegh Mutual	20,300
Scudder, Stevens & Clark Common	18,400
Johnston Mutual	18,200
Stein Roe & Farnham Balanced Fund	17,900
de Vegh Investing	17,300
Haydock	15,700
Loomis-Sayles	15,300
Scudder, Stevens & Clark Fund	14,600
Average of 63 diversified funds	17,500

*Assuming that all capital-gain distributions were reinvested and all income dividends were taken in cash. Source: Arthur Wiesenberger & Company.

now be worth $17,300. A $10,000 investment in the other fund would be worth only $16,003. Reason: de Vegh does not charge a sales commission.

As performance goes, this is all highly creditable to the no-load funds. But that doesn't mean that the no-loads are necessarily the answer to your prayers. The no-loads

are relatively small. Small funds tend to be more volatile than big ones, particularly if they have a heavy concentration in two or three high-flying stocks.

That's fine when the market is going up: You get a faster ride for your money. Unfortunately, the ride may be even faster in a falling market. This is one reason why some experts insist that the average investor shouldn't commit himself to a fund with less than about $8,000,000 worth of assets. (Only a handful of the no-loads have expanded beyond this point. The $79,500,000 Scudder, Stevens & Clark Fund—biggest of them all—looks like a penny on a pumpkin when matched up with a mammoth like the $1.6-billion Massachusetts Investors Trust, a load company.)

Usually, too, it costs relatively



"Dr. Blodgett . . . dear . . . we just *can't* keep breaking scrub like this."



Carrying on congestion-free with fast-acting

NTZ®

NASAL SPRAY

At the first sneeze, two inhalations from the NTZ Nasal Spray act speedily to bring exceptional relief of symptoms. The first spray shrinks the turbinates and enables the patient to breathe through his nose again. The second spray, a few minutes later, opens sinus ostia for essential ventilation and drainage. Excessive rhinorrhea is reduced. NTZ is well tolerated and provides safe "inner space" without causing chemical harm to the respiratory tissues.

NTZ is a balanced combination of three thoroughly evaluated compounds:

- **Neo-Synephrine® HCl, 0.5%** to shrink nasal membranes and sinus ostia and provide inner space
- **Thenfadil® HCl, 0.1%** to provide powerful topical antiallergic action and lessen rhinorrhea
- **Zephiran® Cl, 1:5000** (antibacterial wetting agent and preservative) to promote spread and penetration of the formula to less accessible nasal areas

NTZ is supplied in leakproof, pocket size, squeeze bottles of 20 cc. and in bottles of 30 cc. with dropper.

QUICK SYMPTOMATIC RELIEF OF COLDS, SINUSITIS OR ALLERGIC RHINITIS

NTZ, Neo-Synephrine (brand of phenylephrine), Thenfadil (brand of thenyldiamine) and Zephiran (brand of benzalkonium, as chloride, refined), trademarks reg. U.S. Pat. Off.

Winthrop

LABORATORIES

New York 18, N. Y.

more to run a small fund than a big one. Thus, the overhead is spread over a thinner asset base and cuts more deeply into the shareholders' dividends. An illustration:

Expenses last year at de Vegh Investing, at de Vegh Mutual, and at Energy Fund (all no-loads) averaged 0.90, 1.42, and 0.97 per cent of assets, respectively. A random sampling of fifteen other mutual funds (most of them much bigger than the no-loads) shows comparable figures of between 0.50 and 0.75 per cent.

In an effort to keep administrative expenses down, some of the no-load funds try to minimize their paper work in this fashion: They require a comparatively high initial investment—as much as $500, in contrast with the minimum of $100 to $250 most other funds demand. Minimums on subsequent investments in some no-loads run higher than the industry range, too.

Some no-loads charge a small



VI-TYKE®

LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl (B_1) 1.5 mg. • Riboflavin (B_2) 1.5 mg. • Pyridoxine HCl (B_6) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin B_{12} 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthenol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form: PEDIATRIC DROPS—50 cc. bottle

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



WHEN ULCEROGENIC FACTORS KEEP ON WORKING...

REMEMBER THIS: SO DOES ENARAX

Think of your patient with peptic ulcer—or G.I. dysfunction—on a typical day.

Think of the anxieties, the tensions.

Think, too, of the night: the state of his stomach emptied of food.

Disturbing?

Then think of ENARAX. For ENARAX was formulated to help you control precisely this clinical picture. ENARAX provides oxyphencyclimine, the inherently long-acting anticholinergic (up to 9 hours of actual achlorhydria[1]) . . . plus Atarax, the tranquilizer that doesn't stimulate gastric secretion.

Thus, with b.i.d. dosage, you provide continuous antisecretory/antispasmodic action and safely alleviate anxiety . . . with these results: ENARAX has been proved effective in 92% of G.I. patients.[2-4]

When ulcerogenic factors seem to work against you, let ENARAX work for you.

ENARAX® B.I.D.

(10 MG. OXYPHENCYCLIMINE PLUS 25 MG. ATARAX®†) A SENTRY FOR THE G.I. TRACT

dosage: Begin with one-half tablet b.i.d.—preferably in the morning and before retiring. Increase dosage to one tablet b.i.d. if necessary, and adjust maintenance dose according to therapeutic response. Use with caution in patients with prostatic hypertrophy and only with ophthalmological supervision in glaucoma.

supplied: In bottles of 60 black-and-white scored tablets. Prescription only.

References: 1. Steigmann, F., et al.: Am. J. Gastroenterol. **33**:109 (Jan.) 1960. 2. Hock, C. W.: to be published. 3. Leming, B. H., Jr.: Clin. Med. **6**:423 (Mar.) 1959. 4. Data in Roerig Medical Department Files.

† brand of hydroxyzine

FOR HEMATOPOIETIC STIMULATION WHERE OCCULT BLEEDING IS PRESENT
HEPTUNA® PLUS
THE COMPLETE ANEMIA THERAPY

ROERIG Rx

New York 17, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being™

time-tested therapy
in
bronchial asthma
paroxysmal dyspnea
Cheyne-Stokes respiration

dubin aminophylline

reliable diuresis
potent myocardial stimulant
bronchial relaxant

tablets, ampuls, powder, suppositories

H. E. DUBIN LABORATORIES, INC.
250 East 43rd Street • New York 17, N. Y.

The Brown Schools for
MENTALLY-RETARDED and EMOTIONALLY-DISTURBED Children and Adults . . .

Seven resident centers make it possible for THE BROWN SCHOOLS to place the exceptional person in a climate of group living most congenial to his age and interests, to his personality organization, and his level of social, educational, emotional, and physical development.

To receive a detailed catalogue and other regular publications describing in text and photographs the services and facilities of THE BROWN SCHOOLS, use the coupon below.

THE BROWN SCHOOLS,
Dept. M-O
P. O. Box 4008 • Austin 51, Texas

Name_____
Position_____
Street or Box No._____
City_____ Zone____ State_____

THE BROWN SCHOOLS
AUSTIN, TEXAS • Founded in 1940

fee when you sell your shares, which the load funds generally don't do. But the no-loads point out that this is only a slight nibble when you consider the bite their competitors' sales charges take out of your equity.

Are no-load mutual funds as good as they sound? Most of them are quite small, as investment trusts go. And size makes for safety. In investment results, however, a good many no-loads compare favorably with some of the huge funds that charge sales commissions.

Which, if any, should you buy? The table accompanying this article will help you work out your own answer. END

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays $25 to $40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.

New

Enhances Vitality and Still Insures Weight Loss

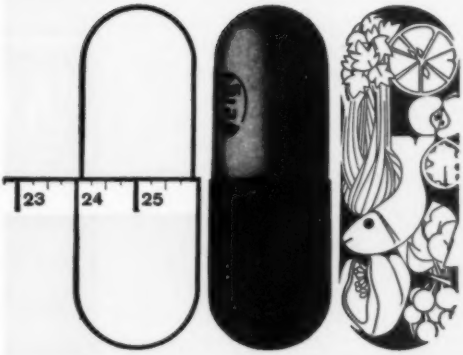
Prelu-Vite™

Brand of phenmetrazine HCl with vitamins and minerals

Now, Prelu-Vite helps to fortify the patient's nutritional status and sense of well-being without jeopardizing the success of the weight-reducing program.

By improving nutritional status Prelu-Vite makes it easier for the patient to retain the initial zeal for reducing... facilitates the retention of enthusiastic cooperation in pursuing therapy to a successful conclusion.

With Prelu-Vite, as with Preludin, a weight loss 2–5 times that obtainable by dietary restriction alone, is readily achieved without the occurrence of annoying side reactions.



Geigy

Availability:
Prelu-Vite - Capsules, each containing 25 mg. of Preludin (brand of phenmetrazine HCl) with vitamins A, B, C and D and 5 minerals.
Under license from C. H. Boehringer Sohn, Ingelheim.

Also available:
Preludin® Endurets® prolonged-action tablets (75 mg.) for once daily administration; and as regular Preludin tablets (25 mg.) for b.i.d. or t.i.d. administration.

Geigy, Ardsley, New York

321-60

this time...
relieve both
the anxiety and
the affliction



Ataraxoid®
prednisolone-hydroxyzine HCl
corticosteroid-ataractic
combination for superior
control in
rheumatoid
arthritis

Science
for the world's
well-being™

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

XUM

Ataraxoid®

IN BRIEF

ATARAXOID combines the tension-relieving effects of hydroxyzine with the anti-inflammatory action of prednisolone, a well-established corticosteroid, for superior control without *unexpected* side effects.

INDICATIONS: Rheumatoid arthritis; collagen diseases and related conditions; other musculoskeletal disorders (myositis, fibrositis, bursitis, etc.); allergic states, including chronic bronchial asthma and severe hay fever; and allergic/inflammatory diseases of the skin and eyes.

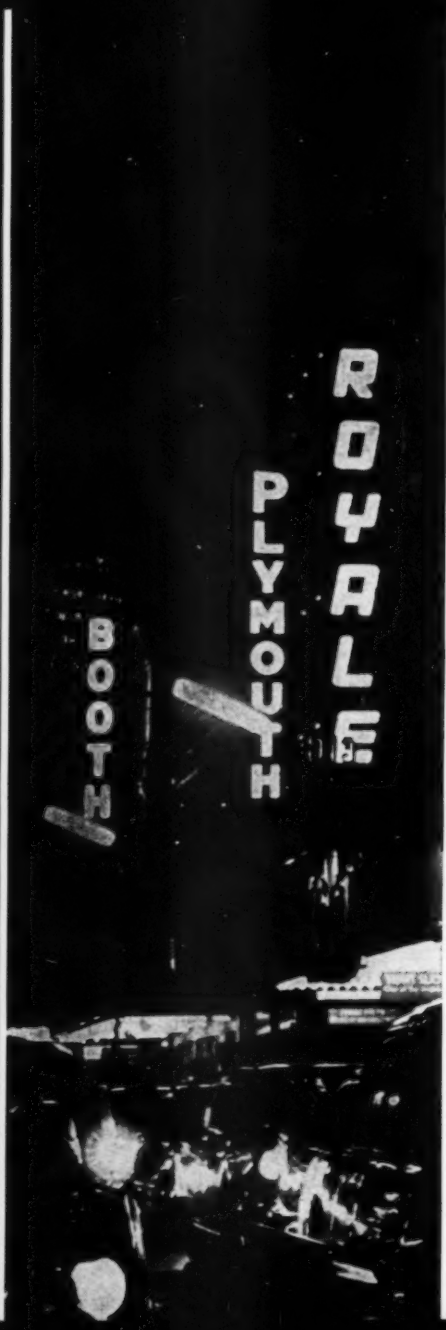
ADMINISTRATION AND DOSAGE: ATARAXOID dosage varies with individual response. Clinical experience suggests the following daily dosage: *Initial therapy*—4-6 ATARAXOID *5.0* Tablets. *Maintenance*—1-4 ATARAXOID *5.0* Tablets or 2-8 ATARAXOID *2.5* Tablets. After initial suppressive therapy, gradual reduction of prednisolone dosage should begin and continue until the smallest effective dose is reached. Prescribe in divided doses, after meals and at bedtime.

SIDE EFFECTS: Prednisolone may produce all of the side effects common to other corticosteroids. As with other corticosteroids, insomnia, mild hirsutism, moonface and sodium retention have occurred. Osteoporosis may develop after long-term corticosteroid therapy.

PRECAUTIONS AND CONTRAINDICATIONS: Usual corticosteroid precautions should be observed. Incidence of peptic ulcer may increase on long-term prednisolone therapy. However, therapy has often been maintained for long periods without adverse effects. Contraindicated in infectious disease including active tuberculosis (except under close supervision), peptic ulcer, certain infections of the cornea, such as dendritic keratitis, superficial punctate keratitis, epidemic keratoconjunctivitis, and in patients with emotional instability. Caution is indicated in the treatment of patients with severe cardiovascular disease, and in some cases sodium restriction and potassium supplementation must be considered.

SUPPLIED: As green, scored ATARAXOID *5.0* Tablets, containing 5 mg. prednisolone and 10 mg. hydroxyzine hydrochloride and blue, scored ATARAXOID *2.5* Tablets, containing 2.5 mg. prednisolone and 10 mg. hydroxyzine hydrochloride.

More detailed professional information available on request.



Want to be a Broadway angel?

Backing a play is risky business. But as more than one doctor has discovered, the return can be spectacular—if you pick a smash hit

By A. J. Tobier

Have you ever dreamed of being a Broadway "angel"? A number of your colleagues have not only dreamed of backing a show—they've actually done so. Producers say doctors are among the theatre's most active investors.

Some examples of physicians who have put money in notable recent productions:

▶ A doctor in Houston, Tex., will realize a profit of around $1,400 from the $200 he put into "The Music Man," the long-run musical hit.

▶ A New Jersey M.D. made a

XUM

400 per cent profit in little more than two years on his investment in "The Pajama Game."

▶ A Brooklyn physician invested $500 in Frank Loesser's most recent musical "Greenwillow." The show closed after only a three-month run. But the doctor may still realize a profit if the play is sold to the movies.

In the old days, angels were often wealthy theatre-lovers who could finance plays entirely on their own. Today, it takes between $50,000 and $150,000 to put on a straight play, and from $250,000 to $450,000 to launch a musical. Thus, the rich backer has given way to groups of individuals who invest smaller amounts. Many of these are middle-income professionals, including physicians.

What draws such solid citizens into the world of make-believe? A few—like the doctor who invested in "Greenwillow"—simply follow a whim. This physician knew the producer. His investment was a way of wishing a friend luck.

But what attracts most investors is the possibility of a huge pay-off. For instance, consider the astronomical profits made by "No Time for Sergeants," which had a Los Angeles obstetrician among its backers. The comedy paid about 650 per cent—high even for a smash hit.

"No Time for Sergeants" was something of a phenomenon, of course. The profit to investors returned by the average hit show is closer to 100 per cent. The investor who more than doubles his money is rare indeed. And a large proportion of minor angels lose every penny they put in a show.

About thirty-six out of every fifty productions that reach Broadway flop. A good many give up the ghost even before they get to New York. Of the approximately fourteen out of fifty that can be said to succeed, not more than seven or eight make enough money to be termed hits.

So theatrical investing isn't really investment at all. It's a form of speculation. Still, the stakes aren't necessarily high. And you can cut the risks considerably if you know the ropes.

But how can an out-of-town doctor become an angel? A Sara-

THE AUTHOR, *a financial writer, is himself an officer and a board member of a closed-end theatrical investment syndicate in New York City.*



Stage doors open for "angels" like Dr. Ranald Mackenzie of New York—shown here with Chita Rivera of the cast of "Bye Bye Birdie."

sota, Fla., physician became interested in "Gypsy" after reading about the show and its star, Ethel Merman, in a Broadway column. "I wrote the producer's office for information," he recalls. "I liked what they wrote back, including the fact that I could buy two tickets for opening night if I invested. Out went my check—and I planned my vacation around opening night."

According to current estimates, "Gypsy" will net the doctor four times his original stake by the time it finishes its Broadway run.

Anyone can follow the Florida man's example. To find out who plans to put what play on the boards, you need merely read the Sunday theatrical sections of the New York newspapers or buy copies of Variety, the "bible of show business." Then write a producer whose name, show, or star strikes your fancy. If he still needs capital, he'll let you know the minimum investment that's being accepted. He'll also send you a contract stipulating in detail the show's financial arrangements.

Some producers will accept as little as $100. Others—like Leland Hayward, in the case of the recent "Goodbye Charlie"—set the minimum investment as high as $50,000. ("Goodbye Charlie" made money, but only because it was sold to the movies.)

Once you've put your name to

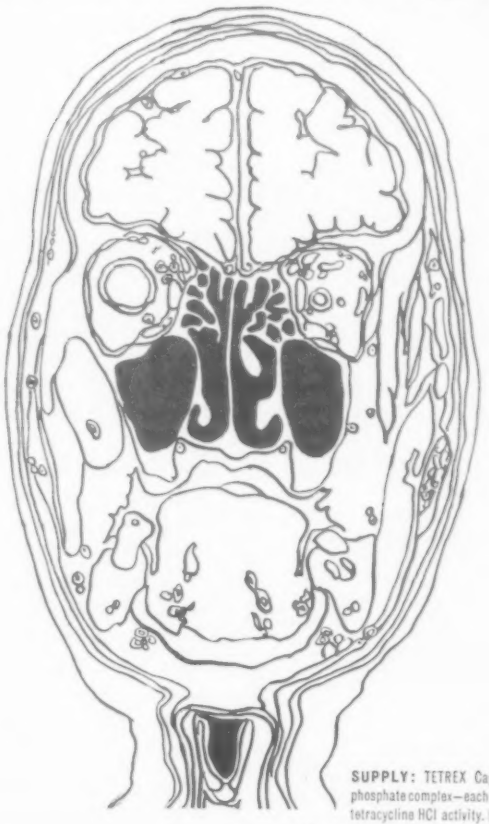
for acute
upper respiratory infections

Tetrex®

capsules

The Original Tetracycline Phosphate Complex U.S. PAT. NO. 2,791,609

effective control of pathogens...with an unsurpassed record of safety and tolerance



SUPPLY: TETREX Capsules — tetracycline phosphate complex—each equivalent to 250 mg. tetracycline HCl activity. Bottles of 16 and 100.

TETREX Syrup — tetracycline (ammonium polyphosphate buffered) syrup — equivalent to 125 mg. tetracycline HCl activity per 5 ml. teaspoonful. Bottles of 2 fl. oz. and 1 pint.

BRISTOL LABORATORIES, SYRACUSE, NEW YORK
Div. of Bristol-Myers Co.

BRISTOL™

1961



DAILY LOG

now ready!

THE DAILY LOG will provide clear, easy reference to all the business facts you need in 1961 — overhead; receipts; charges; taxes; net earnings. Used and preferred by thousands of doctors since 1927. Only a few minutes a day required to keep complete practice management records; helps you avoid tax troubles; saves you time and money. Fully dated, looseleaf; printed new each year.

PRICES: Regular Edition, one 40 line page a day, one volume, dated for 1961 — **$7.75. Double Log Edition,** two facing pages of 40 lines for each day, two volumes, dated for 1961 — per set — **$13.50.**

SATISFACTION GUARANTEED

THE COLWELL COMPANY
238 Kenyon Road
Champaign, Illinois

Please send me 1961 ☐ Regular ☐ Double Daily Log for Physicians. Remittance enclosed. ☐ Please send me more information plus FREE Record Supplies Catalog Kit.

Dr._____
Address_____
City_____ State_____

the contract and returned it with your check, you're a full-fledged angel. Particularly if the show's a success, your name gets around. Sooner or later, you're given a chance to move in on the ground floor of another production.

How can you be sure the show *will* succeed? You can't. If you're near New York, you may be able to attend an audition, where you'll see and hear actors and actresses go through the script. Or you can gamble on the reputation of the author, composer, or stars.

Today, the theatre's most popular system is "playing the producer." It's like playing the jockey at the race track. Currently, Producer David Merrick never lacks backers; nor do Griffith & Prince. Merrick has produced such hits as "Fanny," "Jamaica," "La Plume de Ma Tante," "Gypsy" (with Leland Hayward), and "Take Me Along." Griffith & Prince have five hits to their credit: "The Pajama Game," "Damn Yankees," "New Girl in Town" (all with Frederick Brisson), "West Side Story," and "Fiorello!"

But the reputation of a producer is generally only as hot as his last show or two. So in recent years

XUM

anemia...
"silent
partner"
of so
many
clinical
conditions...



menorrhagia



pregnancy



geriatrics



surgery



adolescence



chronic illness

TRINSICON®

provides complete therapy for all treatable anemias

Lilly
QUALITY / RESEARCH / INTEGRITY

Trinsicon® (hematinic concentrate with intrinsic factor, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

019032

XUM



this is
PLEXONAL
(ACTUAL SIZE AND SHAPE)

★ Optimum results are obtained by gradually increasing the dosage to the maximum the patient can tolerate without the appearance of drowsiness. The following procedure for dosage adjustment has proven highly successful:

Take one tablet 2 times per day for 2 days. On the third day increase the daily dosage by one tablet. Similarly increase the dose every third day thereafter, to the point of drowsiness.

For example, if one tablet 4 times a day produces an obvious sleepy feeling, and on three the patient is comfortable, then the proper dose will be three tablets per day.

XUM

a superior daytime relaxing agent

(NOT A TRANQUILIZER)

PLEXONAL®

Comparative clinical studies show that PLEXONAL is superior to meprobamate or barbiturates for daytime relaxation[1,2]

"Plexonal was preferred (superior therapeutic effect) by 73.7 per cent of the patients, whereas 11.1 per cent preferred meprobamate, a ratio of 6.6 to 1.... 30.5 per cent noted adverse reactions to meprobamate as compared to 7 per cent in respect to Plexonal.... Plexonal gave better results than did any of the sedative or relaxing agents that have been available during our experience covering the previous 15 years."[1]

As a daytime relaxant, "it is well suited especially for the treatment of hyperexcitability and anxiety."[2]

Indications: Anxiety, tension, apprehension, nervousness, irritability, restlessness, hyperexcitability.

Extremely well tolerated by geriatric patients who need mild sedation, as well as by depressed patients.

Dosage: One tablet 3 or 4 times a day is adequate for most patients. However, some require up to six tablets per day, whereas others respond adequately to as little as 1 tablet per day. *

Composition: Each tablet contains sodium diethylbarbiturate 45 mg., sodium phenylethylbarbiturate 15 mg., sodium isobutylallylbarbiturate 25 mg., scopolamine hydrobromide 0.08 mg., dihydroergotamine methanesulfonate 0.16 mg.

1. Scheifley, C. H.: Proc. Staff Meet. Mayo Clin. 34:408 (Aug. 19) 1959. 2. Kadish, A. H.: Clin. Med. 2:379 (March) 1955.

SANDOZ

XUM



Used in hospitals and doctors' offices for over fifty years as a local and general anesthetic through refrigeration or inhalation, Gebauer's Ethyl Chloride in the 100 gram metal tube is also an important element of the modern doctor's emergency kit. Unbreakable, leakproof, ready for instant use, its finger-tip control valve directs a spray or jet stream depending upon degree of anesthesia desired.

Ethyl Chloride is also available in the dispenseal amber bottle with its choice of three nozzle openings: fine, medium or coarse jet spray. Widely used as a local anesthetic for minor surgical procedures and the alleviation of needle pain during hypodermic injections, Gebauer's Ethyl Chloride is guaranteed to retain its purity and remain unchanged indefinitely. Gebauer Chemical Company, 9410 St. Catherine Ave., Cleveland 4, Ohio.

Makers of:

FLURO-ETHYL

ETHYL CHLORIDE

GEBAUER

CHEMICAL COMPANY

many persons interested in backing stage productions have been searching for a sounder way to invest. The result has been a spate of theatre investment syndicates.

Such syndicates are usually managed by one or more investors with theatrical know-how. This helps insure intelligent investment decisions. Even more important is the fact that the syndicate spreads its risk over a number of shows each season.

Says one physician-member of a syndicate: "Although I feel capable of making a sound investment myself, especially after attending some auditions, I believe it's wiser to leave such judgments to someone who can devote full time to it."

Syndicates are usually set up like closed-end trusts, with the minimum investment between $100 and $500. Members join for the syndicate's life. After it's fully capitalized, no one else can join unless a member wants to sell his share. Similarly, a member who



he has a nasty cold,
ut she has
o keep on the go

Daprisal' has unique value as adjunctive therapy in ncomfortable upper respiratory disorders. Its spirin and phenacetin attack aches and pains. Its ood-lifting Dexamyl® (brand of dextro ampheta- ine and amobarbital) cheers patients up, helps hem feel like doing things. With 'Daprisal' you treat he whole patient, not just the pain.

DAPRISAL®

MITH KLINE & FRENCH LABORATORIES

wants to leave the syndicate can do so only by finding a buyer who wants "in."

One typical syndicate is managed by Aaron Goldblatt, a New York newspaperman. In the last ten years, it has invested in "Two for the Seesaw," "Sunrise at Campobello," "The Crucible," "Damn Yankees," "The Pajama Game," "La Plume de Ma Tante," "The Music Man," "Take Me Along," "The Miracle Worker," "Fiorello!," and "Greenwillow."

If you were to put $1,000 into a syndicate, your share might represent, say, one-fiftieth of the total capital. Thus, you'd be entitled to that percentage of whatever profits were earned.

It may be a matter of two or three seasons before a syndicate member earns back his full investment. But he has the advantage of diversified participation and continues to share in profits without having to re-risk his original capital.

Out-of-towners can get information on theatre-investment opportunities from Theatrical Investor, Inc., 130 E. 67th St., New York 21, N.Y. This company publishes a semimonthly paper for would-be angels at an annual subscription price of $50.

Another source of information is the Securities and Exchange Commission. The S.E.C. requires Broadway theatrical productions to file certain data if they're seeking money out of state, or if the limited partners include more than twenty-four backers who aren't close friends of the producer. As a result of this rule, about 60 per cent of Broadway's potential offerings are registered.

The S.E.C. doesn't give a seal of approval, of course. Nor do its lawyers and accountants pass on the scripts or casts of plays. The purpose of the filing requirement is largely to protect the small investor.

Let's face it: He needs some protection. The producers themselves often put up little or none of the capital. Take a typical production group that needs $110,000. It may offer fifty shares in its play at $2,200 each. But those who buy the shares (and become limited partners in the process) may be entitled to only 50 per cent of the profits. The producers get the rest.

Highway robbery? That's show business. (The limited partners do

HYDELTRA®-T.B.A.

(Prednisolone tertiary-butylacetate, Merck)

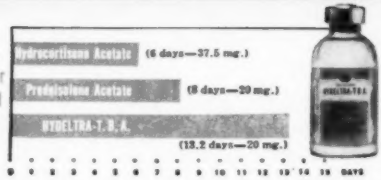
for relief that lasts—longer

in *SPRAINS*—
reduces tenderness,
swelling and
limitation of motion



- Osteoarthritis
- Acute gouty arthritis
- Bursitis
- Tendinitis
- Trigger finger
- Peritendinitis
- Trigger points
- Tennis elbow
- Lumbosacral strain
- Capsulitis
- Rheumatoid arthritis
- Frozen shoulder
- Coccydynia
- Rheumatoid nodules
- Fibrositis
- Tensor fascia lata syndrome
- Collateral ligament strains
- Sprains
- Radiculitis
- Osteochondritis
- Ganglia

Anti-inflammatory effect lasts longer than that provided by any other steroid ester



Dosage: the usual intra-articular, intra-bursal or soft tissue dose ranges from 20 to 30 mg. depending on location and extent of pathology.

Supplied: Suspension 'HYDELTRA'-T.B.A.—20 mg./cc. of prednisolone *tertiary*-butylacetate, in 5-cc. vials.

MSD

MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

XUM

get one break, though: Their original investment must be paid back before the producers cash in.)

If show expenses exceed the capital raised, the extra cost is generally assumed by the producers—unless their contract with the backers says otherwise.

Why are theatrical companies set up as partnerships? Primarily for tax reasons. Corporations are taxed as much as 52 per cent on their profits before dividends. On the other hand, partnership profits, if any, are split among the owners, who pay taxes on what they make as part of their normal incomes.

Suppose your show hits the Broadway bullseye. How long will you have to wait before the profits start pouring in? In most cases, a successful straight play pays back your initial investment in about three to six months. Musicals usually take longer, often about a year. But after that time, if your play's a smash, you'll make money regularly for as long as the show runs. Along with your checks, you'll get a financial statement that lists all the costs of running the production.

Even after it closes on Broadway, it may continue its run on the road, be sold to the movies, play in summer stock, or be repeated on television. Almost half of all Broadway plays are shown again this way. Your contract with the

---

Hole in none

When my new aide first took over, her speed and efficiency delighted me. Right from the start, she anticipated many things I wanted done before I had a chance to mention them. Soon, however, her foresight caused me a bit of a jolt. While treating a skin laceration, I reached for a sterile drape—one of those with a hole cut in the cloth for wound exposure. I was baffled to find the hole neatly sewn up. Then I learned that my efficient aide, noting that these drapes were "in terrible shape," had spent several hours "mending" them.

—LEONARD CASSER, M.D.

anticholinergic

KEEPS THE STOMACH FREE OF PAIN

tranquilizer

KEEPS THE MIND OFF THE STOMACH



Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm, and to allay anxiety and tension with minimal side effects.

AVAILABLE IN TWO POTENCIES:

Milpath-400 — Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

Milpath-200 — Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

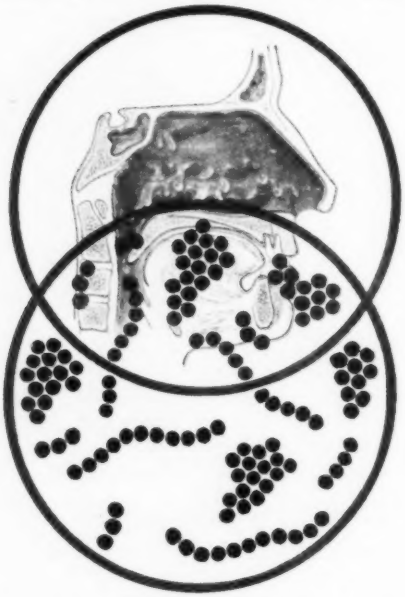
Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Milpath®

®Miltown + *anticholinergic*

WALLACE LABORATORIES *New Brunswick, N. J.*

when respiratory congestion is complicated by secondary bacterial invaders...



Trisulfaminic®

TRIAMINIC WITH TRIPLE SULFAS

tablets/suspension

Provides Triaminic® for decongestion and to promote drainage of nasal and paranasal passages

Provides triple sulfas to control streptococcal, pneumococcal and staphylococcal invaders[1]

Each Trisulfaminic Tablet and each tsp. (5 mL) of Trisulfaminic Suspension provides: Triaminic® 25 mg. and Trisulfapyrimidines, U.S.P. 500 mg.

Dosage: *Adults*—2 to 4 tablets or tsp. initially, followed by 2 every 4 to 6 hours. *Children 8 to 12*—2 tablets or tsp. initially, followed by 1 every 6 hours. *Children under 8*—initially, ½ tsp. per 10 lbs. body weight, to a maximum dose of 2 tsp., then about ½ of this dose every 6 hours.

Medication may be continued until patient has been afebrile for 3 days.

1. Lhotka, F. M.: Illinois M. J. *113*:259 (Dec.) 1957. 2. Fabricant, N. D.: E.E.N.T. Monthly *37*:460 (July) 1958. 3. Farmer, D. F.: Clin. Med. *5*:1183 (Sept.) 1958. 4. Sophian, L. H., et al.: The Sulfapyrimidines, New York, Press of A. Colish, 1952, p. 132.

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

producer usually provides for your sharing in the profits from these showings. Sometimes such extras can turn even a Broadway dud into a moneymaker. END

Self-test shows health of your investment program

Is your investment program up to date? Are your stocks still doing the job for you that they should? Merrill Lynch, Pierce, Fenner & Smith suggests this quick quiz:

▶ Have the prospects for the companies—and the industries they're in—changed materially in the past six months?

▶ Do present earnings adequately cover the current dividend rates?

▶ If you were picking stocks today, would you pick the same ones you now own?

▶ Have you maintained a proper balance between protective, income-producing, and growth investments?

▶ Have there been any recent



she's been

HYFRECATED*

Desiccate those unsightly, possibly dangerous skin growths with the ever-ready, quick and simple to use Hyfrecator.® More than 150,000 instruments in daily use.

**not a blemish on her*



Please send me your new full-color brochure showing step-by-step Hyfrecation technics.

Doctor _____

Address _____

City _____ Zone ____ State _____

THE BIRTCHER CORPORATION
Department ME1160A
4371 Valley Blvd., Los Angeles 32, Calif.

XUM

changes in management of the companies that would affect the outlook of your investments?

▶ Are you thoroughly satisfied that the stocks you own are the best that money can buy—for your purposes?

Investing for income? Bonds are losing their edge

If you're looking for extra income now rather than capital gains later, will you get more of it by investing your money in common stocks or in corporate bonds? Right now the bonds are more lucrative; they have been since 1958. But market analysts figure that within a year the returns from both will be about the same.

Before 1958, stocks nearly always paid off better than bonds. Being more risky, stocks had to compete for investors' favor by offering dividends that amounted to more than the interest paid on corporate bonds. But in 1958 so many

Reliable
PROFESSIONAL LIABILITY
INDIVIDUAL INSURANCE
with proficient defense
that cuts the cost
THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
Professional Protection Exclusively since 1899

Operating in: California, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, Ohio, Pennsylvania, Texas, and Wisconsin.

IMPROVING ON NATURE Plywood is just one of the many examples of how man has modified one of nature's gifts to make it more useful.

In the treatment of hypothyroidism, Proloid offers similar evidence of man's ingenuity in improving on nature.

Proloid is doubly standardized: chemically, like ordinary thyroid, and biologically, by an exclusive Warner-Chilcott assay. This assay assures unvarying metabolic potency and a safe, predictable clinical response in every case. Yet this important extra care makes Proloid cost little more than ordinary thyroid.

Specify Proloid whenever thyroid is indicated. Three grains is the average daily dose for patients with mild forms of hypothyroidism.

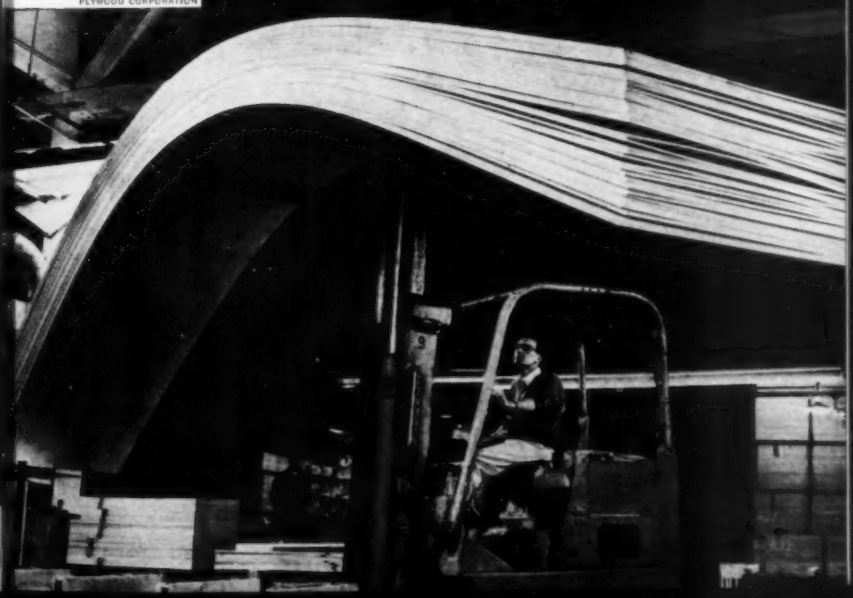
safe, dependable, economical

PROLOID®

WARNER CHILCOTT

©P03

COURTESY OF UNITED STATES PLYWOOD CORPORATION



XUM

Helps you

take the misery

out of menopause...



Many
for the
her me
aisera

This is
anxiety
relieves
it chec
The pa
alone.
help h

Dosage:
periods,

Composi

Supplied
Miltown
Miltrem
114 mg.

Literatur

M

W
Cr

XUM

. . . *as hormones alone often don't do*

Fast-acting Milprem directly relieves both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and assurances can now help her make her adjustment much faster.

Dosage: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

Composition: Miltown (meprobamate) + conjugated estrogens (equine).

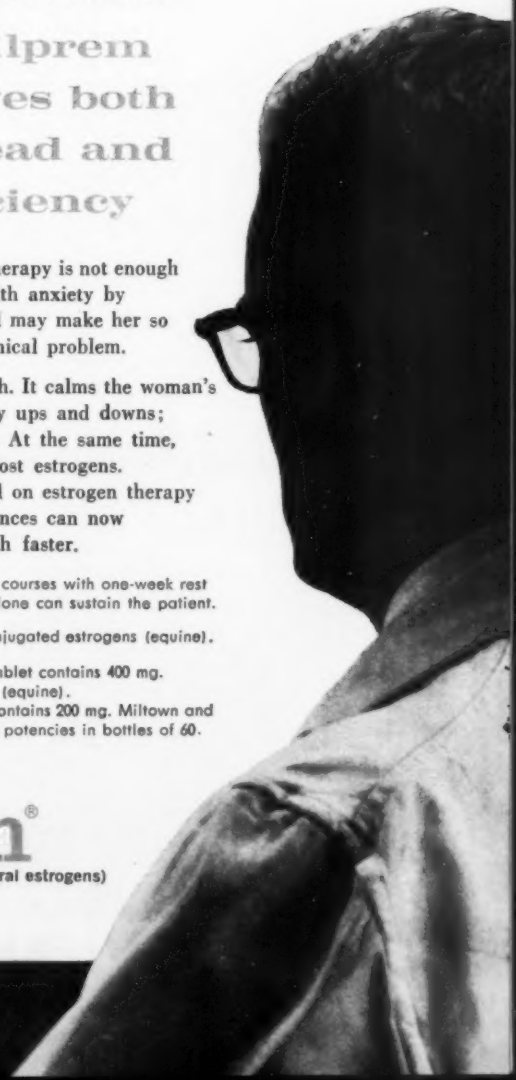
Supplied: Milprem-400, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estrogens (equine). **Milprem-200,** each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60.

Literature and samples on request.

Milprem®

(Miltown® plus natural estrogens)

WALLACE LABORATORIES
Cranbury, N. J.



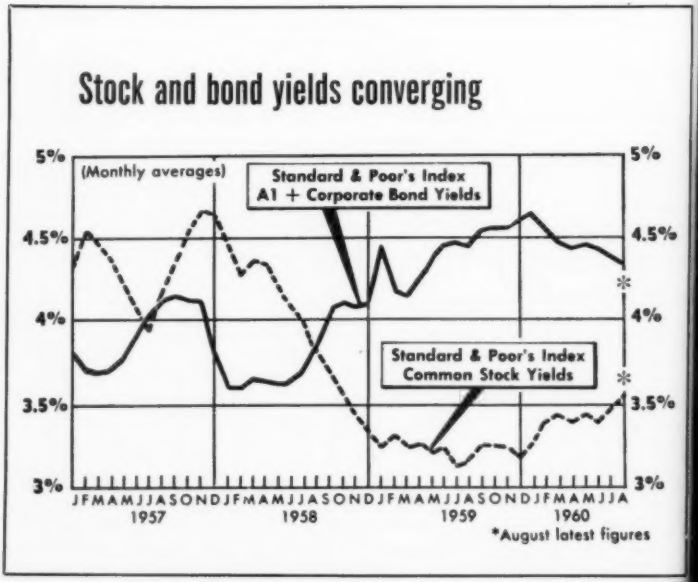
XUM

investors turned to common stocks as a tax refuge and inflation hedge that they no longer needed to pay competitively high dividends. Consequently, their yields started to go down.

Bond interest rates then were boosted so the bonds could compete for investors' money. At the end of last year, bond yields were up to about 4.6 per cent; stocks were paying about 3.2 per cent.

More recently, many investors have started to turn away from the uncertain stock market. They've begun to shift funds into corporate bonds.

As a result, the spread between bond interest and dividend rates has begun to narrow. And market analysts figure it will continue to shrink until stocks and bonds are paying the same yields by late next summer.



END


I know I can
count on it
a reservoir of dependable performance
Terramycin® therapy
BRAND OF OXYTETRACYCLINE

now—in addition to dependable effectiveness and excellent toleration...



dosage flexibility and economy

Terramycin®

BRAND OF OXYTETRACYCLINE

INTRAMUSCULAR SOLUTION

now available new 10 cc. multi-dose vial

Science for the world's well-being™

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

IN BRIEF

The dependability of Terramycin is based on broad antimicrobial effectiveness, excellent toleration, and low order of toxicity. Terramycin Intramuscular Solution, a *preconstituted* parenteral form of oxytetracycline with 2% Xylocaine* as a local anesthetic, facilitates prompt initiation of broad-spectrum antibiotic therapy when, in the judgment of the physician, immediate oral administration is inconvenient or impractical. There is a notably low incidence of irritation or pain at the injection site. In an experimental study,† injection of Terramycin Intramuscular Solution produced the smallest amount of local tissue reaction as compared to other intramuscular broad-spectrum antibiotic preparations.

Now—the availability of a *new multi-dose* 10 cc. vial permits *dosage flexibility* and *economy* hitherto possible only with narrow-spectrum antibiotics. This is an advantage of particular value in pediatrics, where variations in age, weight, and severity of illness require individual dosage adjustment.

INDICATIONS: All oxytetracycline indications whenever initial or continuing therapy with I.M. injection is indicated. Compatible oral therapy may then be given with Cosa-Terramycin® Capsules, Cosa-Terrabon® Oral Suspension or Pediatric Drops. Effective against both gram-positive and gram-negative bacteria, rickettsiae, spirochetes, and large viruses, Terramycin therapy is indicated in a great variety of infections due to susceptible organisms, e.g., infections of the respiratory, gastrointestinal, and genitourinary tracts, surgical and soft-tissue infections, ophthalmic and otic infections, and many others.

ADMINISTRATION AND DOSAGE: For intramuscular injection only. Adults: Unless otherwise specified, a dose of 100 mg. every 8-12 hours, or a single daily dose of 250 mg. should be adequate for most mild or moderately severe infections. In *severe* infections, 100 mg. every 6-8 hours or 250 mg. every 12 hours may be necessary. Infants and children should receive proportionately less in accordance with age and weight of patient, and severity of infection.

SIDE EFFECTS AND PRECAUTIONS: Aside from occasional mild pain at injection site, adverse reactions (including allergic) have been rare. As with all I.M. preparations, injection should be made within the body of a relatively large muscle. After insertion of needle, aspiration should be attempted before injecting to avoid inadvertent administration into a blood vessel; care should always be taken to avoid injecting into a major nerve or its surrounding sheath. Subcutaneous and fat-layer injection may cause mild pain and induration, which may be relieved by an ice pack.

Use of antibiotics may result in an overgrowth of nonsusceptible organisms—particularly monilia and resistant staphylococci. If a new infection caused by a resistant pathogen appears, discontinue the medication and institute appropriate specific therapy as indicated by susceptibility testing.

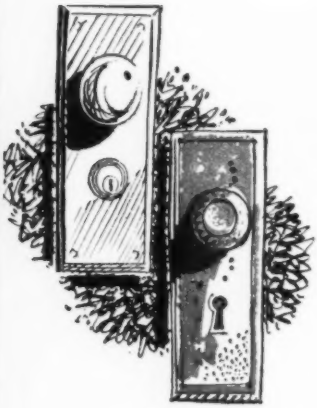
SUPPLIED: *Terramycin Intramuscular Solution* is available in a new 10 cc. multidose vial, providing five 2 cc. doses, 50 mg./cc., also available as 2 cc. prescored glass ampules, containing 100 mg. or 250 mg., packages of 5 and 100. For rapidly fulminating or critical infections—*Terramycin Intravenous*, in vials of 250 mg. and 500 mg. (buffered with 1 Gm. and 2 Gm. ascorbic acid, respectively). Available for oral therapy: *Cosa-Terramycin® Capsules*, 250 mg. and 125 mg.; *Cosa-Terrabon® Oral Suspension* (preconstituted), 125 mg. per 5 cc. teaspoonful, in bottles of 2 oz. and 1 pint; *Cosa-Terrabon® Pediatric Drops* (preconstituted), 5 mg. per drop (100 mg. per cc.), bottle of 10 cc. with calibrated plastic dropper. In addition, a variety of other systemic and local dosage forms are available to meet specific therapeutic requirements.

More detailed professional information available on request.

*XYLOCAINE® IS THE TRADEMARK OF ASTRA PHARMACEUTICAL PRODUCTS, INC. FOR ITS BRAND OF LIDOCAINE.

†*Hanson, D.: Tissue Reaction from Injected Antibiotics, Scientific Exhibit, Annual Meet., Am. Soc. Clin. Pathologists, Chicago, Sept., 1960.*

XUM



Should you have a second office?

Lots of M.D.s do. But consider all these possibilities—pro and con—before you commit yourself to a second shingle

By Thomas Owens

An increasing number of physicians each year are opening branch offices—usually in the suburbs. Perhaps you're considering doing the same. If you are, better be aware of the pros and cons. It's possible that the headaches incurred will outweigh the additional income.

The doctor who opens a second office usually decides to do so for one or more of the following reasons:

1. His practice is made up of patients in separated areas—say, in the city and in a suburb—and he wants to be convenient to both groups.

Says an OB man who used to have only a downtown office: "A patient who lived near my suburban home told my wife that next time she'd have to go to a near-by doctor; she just couldn't buck the city traffic any longer. I knew that there were other patients who felt much the same, so I opened a part-time office in my home. It's paying off handsomely."

Or take the testimony of another OB man: "Besides my office in the city, I have another in a town thirty miles away. I've lived in that town all my life, and the neighbors just don't seem to want anyone else to deliver their babies. Then, too, they apparently like having a 'city' doctor without extra expense or inconvenience."

2. He wants to try out a new

Second-office check-list

1. Do you have a nucleus of old patients living in the neighborhood? If not, can you count on enough referrals to make a second office worth while?
2. Will you need hospital privileges at the new location? If so, how long will it take to get them?
3. Can you keep second-office expenses at a minimum by adapting a portion of your home for an office?
4. If a home-office isn't feasible, can you arrange to use space —on a flat-fee or expense-sharing basis—in the office of an established physician?
5. How much new equipment will you need, and what will it cost?
6. Can you get experienced office help, part-time, in the new area? If not, can your present help cover the second office, too?
7. How can you divide your time between the two offices so that you spend the minimum number of hours traveling?
8. How will you handle medical record cards for patients who are seen sometimes at one location and sometimes at another?
9. Will all billing be done from the main office?
10. Will your insurance policies—malpractice, theft, etc.—need to be revised when you open a branch office?

location before making a permanent move there.

A case in point: One of the doctors of a two-man surgical team preferred working in a new hospital in the suburbs. So the partners opened a branch office near the hospital, and each of them now covers it part-time. Volume has grown so steadily that the first man

XUM

is now certain that he'll soon be able to move his entire practice out of the city.

3. He wants to make up for low volume at the main office.

"I found myself twiddling my thumbs while waiting for referrals," says a surgeon fresh from residency. "I didn't want to leave the city because of the valuable as-

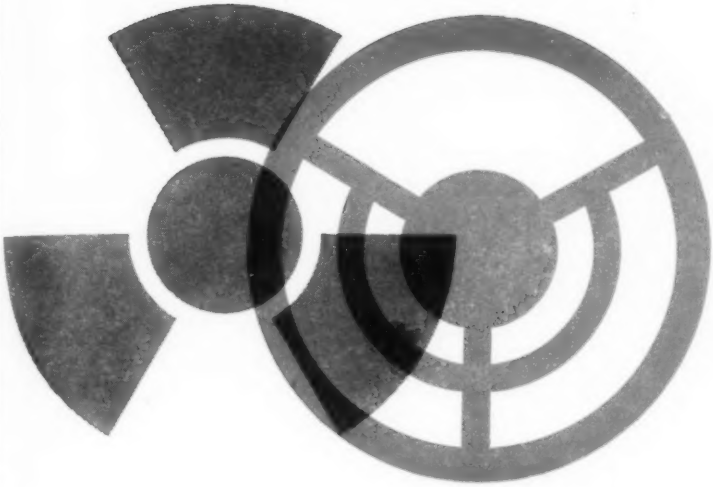
It helps the community, too

Perhaps more often than not, a doctor's part-time branch office means even more to the town it's in than to the doctor himself. "I've had more than a quarter-century of experience with branch offices," says Dr. W. F. Putnam of Lyme, N.H. "And I've found that the people of a village become much more health-conscious when they get a doctor in their midst than they were before."

It's important to them, he says, to know that a doctor is interested enough in their welfare to want to practice there. In fact, he points out, the opening of an office "may even change the all-too-prevalent attitude of distrust and resentment toward the medical profession to one of gratitude, understanding, and cooperation."

In addition, Dr. Putnam has found that a branch office encourages preventive medicine. "People form the habit of seeing the doctor regularly, once he's available," he explains.

But he has this word of warning for any man who contemplates opening a second office: "Be sure that you don't give the local people the impression that you're *constantly* available. If you do, you may lull them into a false sense of security."



"from carcinomatosis to car sickness"

for faster, more prolonged and effective antiemetic action in the entire range of emetic situations

Tigan

NEW 250 mg CAPSULES

without phenothiazine risks
without the limitations of antihistamines

Available: Capsules, blue, 250 mg—bottles of 50. *Also available as:* 100 mg Capsules, blue and white. Ampuls, 2 cc (100 mg/cc). Vials, 20 cc (100 mg/cc). Suppositories, 200 mg.

Consult literature and dosage information, available on request, before prescribing.

ROCHE
LABORATORIES
Division of Hoffmann-La Roche Inc.

TIGAN® Hydrochloride—4-(2-dimethylaminoethoxy)-N-(3,4,5-trimethoxybenzoyl) benzylamine hydrochloride

sociations I could make there. But I didn't want to starve, either. So I solved the problem by opening a second office in a suburb. Other doctors there seem happy to have a surgeon easily available."

If you're thinking of opening a second office, the first question you need to answer is this: Is it economically sound?

Naturally, the doctors who have branched out successfully believe it is. Says one of them: "The gross from my branch office is lower, but my expenses there are lower, too. The branch office has proved itself a good source of supplemental income."

A number of M.D.s with a second office have found that they make out well by sharing the space —and sometimes personnel and equipment—with another practitioner. Whether they do this or not, a few report that the gross from their second practice equals or even exceeds that from the first.

Are these successful two-office practices the exception? Do most physicians who try the branch-



"If 217 has a fever, *I'm* a pyrogen!"



Lacerations: fight infection, facilitate healing

Prevention of infection is important in minimizing disfigurement from traumatic lesions. Applied after wound closure, gauze impregnated with FURACIN *Soluble Dressing is an ideal adjunct to fine surgical technic.*

In clinical use for more than 13 years and today the most widely prescribed single topical antibacterial, FURACIN *retains undiminished potency against pathogens such as staphylococci that no longer respond adequately to other antimicrobials.* FURACIN *is gentle, nontoxic to regenerating tissue, speeds healing through efficient prophylaxis or prompt control of infection. Unique water-soluble bases provide thorough penetration, lasting activity in wound exudates, without "sealing" the lesion or macerating surrounding tissue.*

the broad-spectrum bactericide exclusively for topical use

Eaton®

FURACIN®

brand of nitrofurazone



in dosage forms for every topical need

Soluble Dressing / Soluble Powder
Solution / Cream / HC Cream
(with hydrocortisone) / Vaginal
Suppositories / Inserts / FURESTROL®
Suppositories (with diethylstilbestrol)
Special Formulations for Eye, Ear, Nose

EATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK

XUM

4 essential actions in a single tablet to simplify treatment of the hypertensive complex



CENTRAL ACTION OF SER-AP-ES:
SER-AP-ES acts centrally to inhibit or block the outflow of sympathetic vasopressor substances. In addition, Ser-Ap-Es improves cerebral vascular tone.



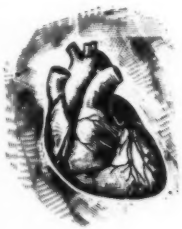
RENAL ACTION OF SER-AP-ES:
Ser-Ap-Es increases renal blood flow, thereby halting or reversing the ischemic process in advancing hypertension. The increase in urine volume and sodium and chloride excretion which occurs with Ser-Ap-Es therapy also benefits the hypertensive patient.

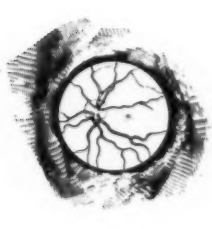
SERPASIL® (reserpine CIBA)
APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA)
ESIDRIX® (hydrochlorothiazide CIBA)

Ser-Ap-Es®

(Serpasil® + Apresoline® + Esidrix®)

Inclusive single-tablet antihypertensive





CIBA
SUMMIT · NEW JERSEY

CARDIAC ACTION OF SER-AP-ES: Ser-Ap-Es has a beneficial effect on the hypertensive heart; diastole is prolonged, and there is a decrease in both heart rate and cardiac output—which combine to ease the strain on the overworked myocardium.

VASCULAR ACTION OF SER-AP-ES: Ser-Ap-Es opposes the action of pressor substances on the vasculature. In addition, Ser-Ap-Es makes the vasculature less responsive to circulating vasopressor amines and more responsive to the antipressor components of the combination tablet.

Supplied: SER-AP-ES *Tablets*, each containing 0.1 mg. Serpasil, 25 mg. Apresoline hydrochloride, and 15 mg. Esidrix. *Complete information sent on request.*

office idea quietly give it up in time as an economic mistake?

No statistics are available on the failures. But most management consultants interviewed take a dim view of branch practices. "The fact is," says one, "the average doctor who toys with the idea is lured by the prospect of doubling his income. And it's often just a mirage. What's more likely to happen is this:

"Volume at the new office grows. Volume at the old office stays the same or decreases. But neither practice develops beyond a given point. Each necessarily depends on the doctor's ability to be available to patients; and he obviously can't be in two places at once.

"A second office *may* attract the patients a doctor needs if he is to work at capacity; but it can do nothing to increase that capacity."

To illustrate further the problems and benefits of a second office, here's the case history of a man who opened one about three years ago:

I'll call him Dr. Johnson. He's a 31-year-old internist with a wife and three children. He began practice by moving into a downtown office with an older man. But he soon realized that, while the relationship was beneficial, the office was too small for the two of them. And no extra space was available.

"Finally," says the young doctor, "I decided to open an office in my suburban home. I felt I could cover it part-time and still retain my association with the senior man."

Dr. Johnson hasn't regretted his decision. But he found it wasn't easy to change from a one-office city specialist into a "town-and-country doctor." A few stumbling-blocks:

¶ He had to invest in new equipment. "I started the second office with little more than a borrowed examining table and the contents of my medical bag," he says. "Lab work had to be done at a local hospital. That was all right at first, since referrals started slowly. But they soon picked up. Now the office is equipped for electrocardiography, fluoroscopy, and routine laboratory procedures."

¶ He had to hire additional personnel. "At first, I saw so few patients that I didn't need a girl at the new location. The aide at our downtown office was glad to earn

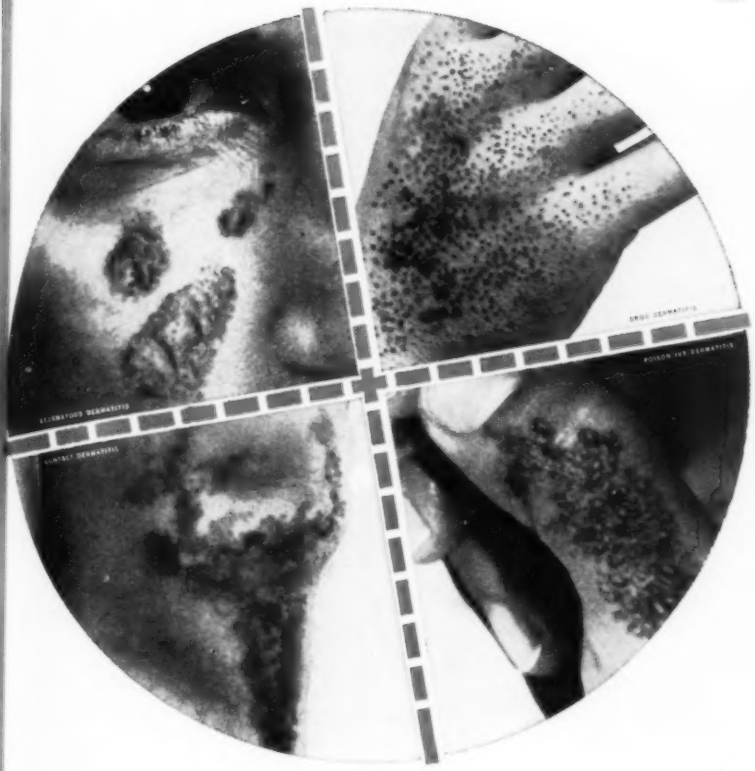
XUM

DERONIL

Schering

oral steroid benefits to speed recovery in severe dermatoses

relieves itching, burning, swelling—accelerates clearing of eruption



RICH IN ACHIEVEMENT

BUT POOR IN ENZYMES



he worries, hurries... eats too fast, too much, or too sketchily... runs from pressure to pressure — he's a poor digester

HE NEEDS "MATURON"

to supply the extra digestive activity of supplementary enzymes

to help prevent and relieve "nervous" indigestion, as in spastic colitis, functional dyspepsia, mucous colitis

to ease the burden of digestion in conditions such as coronary artery disease, hypertension

new "Maturon"

enzymes
lipotropes
vitamins
minerals

PROMOTES BETTER DIGESTION / IMPROVES NUTRITION

new "Maturon"

a comprehensive formula to aid digestion and fortify the diet

Each "Maturon" Tablet contains:

ENZYMES	
Amylase†	3,000 Units
Protease†	12,000 Units
Tryptic activity†	500 Units
LIPOTROPES	
Inositol	10.0 mg.
dl-Methionine	5.0 mg.
Dehydrocholic acid	40.0 mg.
VITAMINS	
Vitamin A	2,500 U.S.P. Units
Vitamin D	250 U.S.P. Units
Vitamin C	25.0 mg.
Vitamin B_1 mononitrate	1.5 mg.
Vitamin B_2	1.0 mg.
Vitamin B_6	0.5 mg.
Vitamin B_{12}	0.5 mcg.
Intrinsic factor concentrate	1.0 mg.
Calcium pantothenate	3.5 mg.
Nicotinamide	7.5 mg.
Rutin	12.5 mg.
Vitamin E*	2.5 I.U.
MINERALS	
Calcium*	35.0 mg.
Phosphorus*	27.0 mg.
Iodine*	25.0 mcg.
Iron*	12.5 mg.
Manganese*	0.15 mg.
Potassium*	0.85 mg.
Zinc*	0.2 mg.
Magnesium*	2.5 mg.

†Amylase—One unit represents that amount required to hydrolyze 10 mg. of starch in one hour at 30° C.
†Protease—One unit is that amount required to hydrolyze 10 mg. of egg albumin in one hour at 52° C.
†Tryptic activity—One unit is that amount required to hydrolyze 10 mg. of casein in one hour at 40° C.
*Supplied as *d*-alpha-tocopheryl acetate, dicalcium phosphate, dicalcium phosphate, potassium iodide, ferrous sulfate, manganous sulfate, potassium sulfate, zinc sulfate, magnesium sulfate.

USUAL DOSE: One tablet with meals, or as directed by the physician.

SUPPLIED: No. 799—bottles of 100 and 1,000.

AYERST LABORATORIES
New York 16, N. Y. • Montreal, Canada

6039

some additional money by working a couple of evenings a week on the records of my home-office patients. Then, after volume at the suburban office increased, I hired a full-time aide. In addition to handling records and statements, she does lab work and electrocardiograms."

He had to work out a new appointment schedule. "Because the patient-load at the home-office has become heavy, I now spend only two full days a week in the city. I schedule all appointments for the downtown office on those days. On the other three days, I'm kept busy with my second practice. At first, I tried to have office hours at each place every day. But I soon found I was spending too much time driving back and forth."

In addition, there were a couple of minor problems: "Since my second office was in my home, neighborhood residents expected that I'd do general practice and that I'd have evening office hours. I had to explain tactfully the limits of a specialty practice. And to substitute for evening appointments, I decided to schedule patients as late as 5:30 in the afternoon."

Dr. Johnson feels that the eco-

nomic advantages offered by his second office more than compensate for any problems it may present. Gross income from the suburban practice, for one thing, has begun to exceed that from the main office in the city.

"Local doctors now refer patients to my home-office rather than ask them to take the long trip to the city," he says. "Collections are good, too. I've found that patients in the suburbs pay just as promptly as those in town."

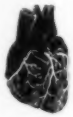
What's more, there's a tax advantage: "The office portion of my house is, of course, business property. So I deduct the allocable share of depreciation and other expenses incurred for the building as a whole. Actually, most of the basement space I'm using for an office would have gone to waste otherwise."

Still, like many of his dual-practice colleagues, Dr. Johnson doesn't intend his present set-up to be permanent. "It's excellent as a start," he explains. "But I don't feel I can develop the type and size of practice I'd like if I continue to work in two locations. As soon as volume at the downtown office increases enough, I'm going to close the home-office and consolidate my practice. My senior associate and I will then be able to move to better quarters." END

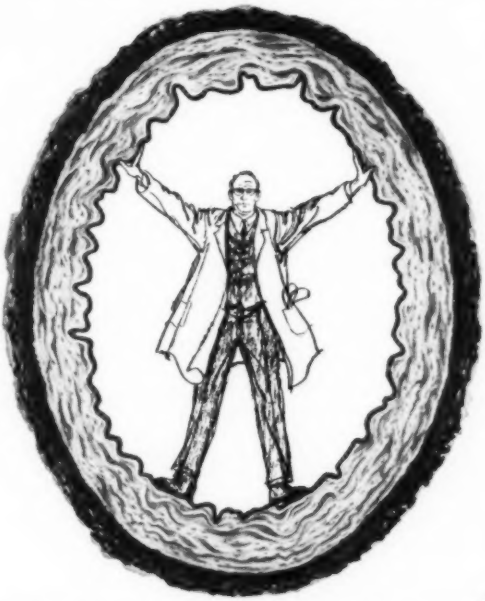
Diet by Dracula

Sometimes when a pediatric patient refuses an item of food, we put the child's name on it and save it in the refrigerator. One night, the mother of a young patient went to get her daughter some ice cream. She opened the refrigerator door, gasped, called me, and pointed in horror. There on the shelf was a tall, frosty glass of tomato juice—clearly labeled "Youngblood." I'm still not sure I convinced her that Youngblood was a child's last name. —DIANA WILKIEMEYER, R.N.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*



in coronary insufficiency



Metamine® Sustained* helps you dilate the coronaries



METAMINE SUSTAINED (triethanolamine trinitrate biphosphate, 10 mg., in a unique sustained-release tablet) is a potent and exceptionally well tolerated coronary vasodilator. Pharmacological studies at McGill University demonstrated that METAMINE "exerts a more prolonged and as good, if not slightly better coronary vasodilator action than nitroglycerin . . . "[1] Work at the Pasteur Institute established that METAMINE exerts considerably less depressor effect than does nitroglycerin.[2] Virtually free from nitrate side effects (nausea, headache, hypotension), METAMINE SUSTAINED protects many patients refractory to other cardiac nitrates,[3] and, given b.i.d., is ideal medication for the patient with coronary insufficiency. Bottles of 50 and 500 tablets. Also: METAMINE, METAMINE WITH BUTABARBITAL, METAMINE WITH BUTABARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

1. Melville, K. I., and Lu, F. C.: Canadian M.A.J., *65*:11, 1951. 2. Bovet, D., and Nitti-Bovet, F.: Arch Internat. de pharmacodyn. et therap., *83*:367, 1946. 3. Fuller, H. L., and Kassel, L. E.: Antibiotic Med. & Clin. Therapy, *3*:322, 1956.

Thos. Leeming & Co. Inc. New York 17, N.Y. *Patent applied for

in progesterone deficiency states..

NORLUTIN®

(norethindrone, Parke-Davis)

potent oral progestational agent

Oral therapy for "...a prompt and strong progestational effect on the human endometrium...."*

In gynecologic and obstetric disorders associated with progesterone deficiency, clinically desirable results can often be obtained with small oral doses of NORLUTIN. This orally administered agent is comparable in physiologic effect to parenterally administered progesterone. NORLUTIN thus provides effective therapy *by mouth* —a route of administration that secures patient cooperation and helps to assure an uninterrupted regimen.

Indications: Conditions involving deficiency of progesterone, such as amenorrhea • menstrual irregularity • functional uterine bleeding • endocrine infertility • habitual abortion • threatened abortion • premenstrual tension • dysmenorrhea

supplied: 5-mg. scored tablets, bottles of 30.

*Rock, J.; García, C.-R., & Pincus, G.: *Am. J. Obst. & Gynec.* **79**:758, 1960.

PARKE-DAVIS

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

XUM

Pregnant?

she wants the answer now!



the new, 3-day, oral Pregnancy Test

Pro-Duosterone®

50 mg. anhydrohydroxyprogesterone, activated by 0.03 mg. ethinyl estradiol per tablet

permits quick, highly accurate early diagnosis

If the patient is not pregnant, and previously has had regular menstrual cycles, progesterone-withdrawal bleeding will occur within a few days after administration of the PRO-DUOSTERONE test (4 tablets a day for 3 days). If the patient is pregnant the progestational activity of PRO-DUOSTERONE will protect the pregnancy.

In normally-cycling women the PRO-DUOSTERONE test approaches 100% accuracy.[1] The PRO-DUOSTERONE test can be performed as early as a week after the missed menses.

1. Schwartz, H.A.: Editorial, Minnesota Med. 42:1279, 1959.

ROUSSEL — Roussel Corporation, 155 E. 44th Street, New York 17, N.Y.

Best thing for your bulletin board

By Richard V. Bibbero

What do you put up on the bulletin board in your reception room? Reminders about polio shots? The bloodmobile's schedule? Yesterday's installment of Rex Morgan, M.D.?

Why stop there? Make your board speak for you. Right now, for example, public interest in medico-political matters is at a peak. Let's suppose that your attitude toward tax-paid health care for the aged is well stated in an editorial you've just read. Pin the editorial on your bulletin board.

Then, too, patients read lots of stories about miracle drugs, life-saving operations, etc. They'd like to know from you how much importance to attach to such things. Pin the stories on the board, along with whatever comments you think are called for.

Not long ago, one of my G.P.-clients posted a Reader's Digest article entitled "One Shot for Hay Fever?" Alongside it, he pinned a note saying: "Our local allergists are keeping me up to date on the experimental work described in this article. They'll let me know if and when this new treatment is approved for general use."

Don't be afraid to post personal items, either. A West Coast internist recently put this on his board: "Janet Bryce, whom you'll remember as my secretary for four years, is married and lives in Los Angeles. The new face at my reception desk belongs to Miss Nancy Bloom. She'll be glad to make your acquaintance."

Any precautions to take about an office bulletin board? Yes, two:

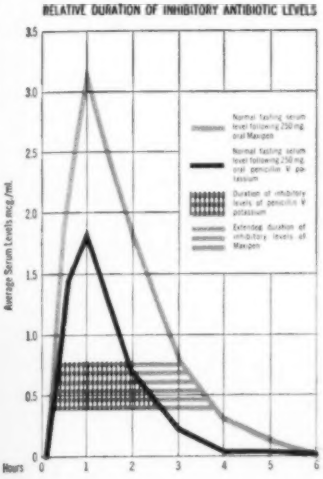
Don't leave anything up more than a week. And don't post your fee schedule on it. END

THE AUTHOR *is president of Medical Management Control, Inc., San Francisco.*



an
orally maximal
penicillin

maximal serum concentration provides longer duration of inhibitory antibiotic levels for less susceptible organisms



The majority of penicillin-susceptible organisms are inhibited *in vitro* by very low concentrations of the antibiotic. Less frequently, susceptible organisms require somewhat higher concentrations. In the latter group, the period of MAXIPEN's inhibitory concentration is longer than that of penicillin-V, as can be seen in the chart at left. If the M.I.C. (minimum inhibitory concentration) for penicillin-V is slightly lower than for MAXIPEN, this may still hold true.

Although higher serum levels do not in themselves infer greater antibacterial activity, for those less susceptible organisms MAXIPEN may provide maximal exposure to inhibitory concentrations.

A TRIUMPH OF MAN OVER MOLECULE...
a product of Pfizer research

DOSAGE: *In moderately severe penicillin-susceptible infections,* 125 to 250 mg. three times daily. *In more severe conditions,* 500 mg. as often as every four hours around the clock.

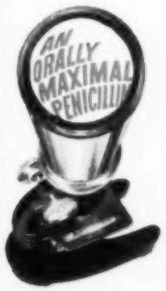
MAXIPEN *may be administered without regard to meals.* However highest absorption is achieved when it is taken just before or between meals.

NOTE: To date, allergic reactions have not been less with MAXIPEN than with older oral penicillins. Usual precautions regarding penicillin administration should be observed.

SUPPLIED: MAXIPEN TABLETS, *scored, 125 mg.,* bottles of 36; *250 mg.,* bottles of 24 and 100. MAXIPEN FOR ORAL SOLUTION, each 5 cc. of reconstituted liquid containing *125 mg.,* available in 60 cc. bottles.

REFERENCES on phenethicillin potassium (α-phenoxyethyl penicillin potassium):

1. Gourevitch, A., *et al.,* Antibiotics Ann., 1959/60, pp. 111-118. 2. Pindell, M. H., *et al., Ibid.,* pp. 119-126. 3. Morigi, E. M. E., *et al., Ibid.,* pp. 127-132. 4. Cronk, G. A. *et al., Ibid.,* pp. 133-145. 5. Osment, Lamar S.: Pilot Study of Alpha-Phenoxyethyl Penicillin in Skin Infections, Clin. Med. 7:523 (Mar.) 1960. 6. Garrod, L. P.: Relative Antibacterial Activity of Three Penicillins, Brit. M. J. (Feb. 20) 1960, p. 527.



For maximal nutritional support
VITERRA®
Vitamins and Minerals
Formulated from Pfizer's line of fine pharmaceutical products.

Rx
BRIC

New York 17, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being™

XUM

Your home can be checked for fire hazards—free

You consider the money you spend for fire insurance a good investment because it protects you against loss. Now the International Association of Fire Chiefs offers you another kind of fire protection —at no cost. Half the cities in the country have the plan, which works this way: Firemen canvass residential sections regularly, offering to inspect homes and point out any fire hazards. If your house has not yet been inspected, the Association says your fire department will probably do the job on request even if your town doesn't have the program.

Are such preventive measures of real value? They are when homeowners act on fire-department recommendations. For example, in the third year after Hammond, Ind., started its inspection program, the number of residential fires there dropped from 370 a year to forty-four. END



VI-TYKE®
LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5
teaspoonful contains: Vitamin A (Palmitate) 3
U.S.P. Units • Vitamin D 800 U.S.P. Units • T
mine HCl (B_1) 1.5 mg. • Riboflavin (B_2) 1.5 m
Pyridoxine HCl (B_6) 1 mg. • Ascorbic Acid (C
mg. • Vitamin B_{12} 3 mcgm. • Niacinamide 10
• Pantothenic Acid (as Panthenol) 1 mg. • Met
paraben 0.08% • Propylparaben 0.02%. A
available in concentrated form: PEDIATRIC D
—50 cc. bottle.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



Infectious folliculitis with secondary impetiginization treated with **FURACIN-HC Cream**—*6 days later improved and discharged.*

Pyodermas: fight infection, facilitate healing

In clinical use for more than 13 years and today the most widely prescribed single topical antibacterial, FURACIN *retains undiminished potency against pathogens such as staphylococci that no longer respond adequately to other antimicrobials.* FURACIN *is gentle, nontoxic to regenerating tissue, speeds healing through efficient prophylaxis or prompt control of infection. Unique water-soluble bases provide thorough penetration, lasting activity in wound exudates, without "sealing" the lesion or macerating surrounding tissue.*

the broad-spectrum
bactericide exclusively
for topical use

FURACIN®

brand of nitrofurazone

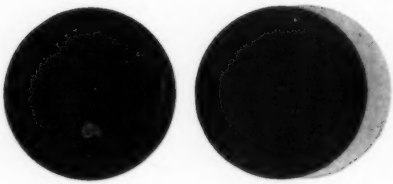
in dosage forms for every topical need

Soluble Dressing / Soluble Powder
Solution / Cream / HC Cream
(with hydrocortisone) / Vaginal
Suppositories / Inserts / FURESTROL®
Suppositories (with diethylstilbestrol)
Special Formulations for Eye, Ear, Nose



Eaton®
EATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK

a growing problem:



multivitamins may mask and obscure pernicious anemia[1]

In his recent J.A.M.A. article, "Pernicious Anemia Masked By Multivitamins Containing Folic Acid," Ellison blames the indiscriminate use of folic acid in multivitamins for the fact that "The diagnosis of pernicious anemia is frequently missed today . . ."[2]

the risk of "vitamania"

Although pernicious anemia is relatively rare, the conditions that could delay its early detection may be as common as the bottle of multivitamins found today in seven out of ten American homes.

The *New England Journal of Medicine* states editorially that "Many of these capsules contain enough folic acid to sustain a partial or complete hematological remission in the undiagnosed case of pernicious anemia."[3]

the "normal" C.B.C.

One of the most perplexing problems a physician must face is the disease disguised by normal indices.[4] When Complete Blood Counts, bone marrow aspiration, and peripheral blood smears show no abnormalities,[2] what then can point the way to further differential investigation?

Goodman and Gilman describe this diagnostic obstacle in the patient who develops pernicious anemia while taking multivitamins containing folic acid. He may exhibit "... neurological lesions without the characteristic macrocytic anemia, and thus present a most difficult problem of differential diagnosis."[5]

an A.M.A. opinion

The A.M.A. has found little evidence to support the presence of either folic acid or vitamin B_{12} in therapeutic multivitamins. Early in 1959, the Council on Foods and Nutrition stated "There is little evidence which warrants inclusion of folic acid and vitamin B_{12} in therapeutic amounts in vitamin mixtures . . . folic acid in therapeutic dosage may mask the diagnosis of pernicious anemia and permit neurological lesions to develop while maintaining hematological remission."[6]

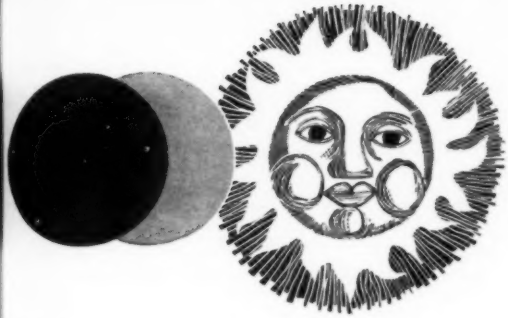
the Federal view

The Food and Drug Administration (FDA) has stated in a Notice of Proposed Rule Making: "Although not itself harmful, folic acid, when added in sufficient dosage to the diets of persons suffering from pernicious anemia who are not receiving the proper medication, has the capacity of correcting the blood disorders of this disease while the accompanying nervous system changes may progress."[7]

The case against B_{12}, as a non-essential component, and folic acid, as a symptom-masking ingredient in multivitamins, is well documented. And the consequences of misleading hematologic data and uncertain clinical findings in cases involving multivitamin ingestion are a matter of record. The page opposite describes a new way to help prevent such unfortunate incidents.

references:

1. Frohlich, E. D., New Eng. J. M., 259:1221, 1958. 2. J.A.M.A., 173:240, 1960. 3. Vol. 259, No. 25, Dec. 18, 1958, p. 1231. 4. Todd, Sanford and Wells, *Clinical Diagnosis By Laboratory Methods*, 12th ed., W. B. Saunders, Phila., 1954, pp. 306-7. 5. *The Pharmacological Basis of Therapeutics*, 2nd ed., New York, Macmillan, 1955, pp. 1710, 1491. 6. J.A.M.A., 169:41, 1959. 7. *Federal Register*, Vol. 25, No. 136, July 14, 1960, p. 6633. 8. New Eng. J. M., 237:713, 1947. 9. Bean, W. B., *Drugs of Choice 1960-61*, W. Modell, ed., St. Louis, C. V. Mosby Co., 1960, p. 116.



a rational solution:

Adabee®—the multivitamin that's both safe and sensible

Of the many multivitamin preparations available to the physician today, only Adabee offers such a unique combination of advantages. The patient on an Adabee regimen receives vital protection from symptom-masking. In addition, he receives unadorned therapeutic nutrition in "saturation doses" with the extra safeguard of ethical promotion,—all with striking economy.

Adabee contains no folic acid

In its editorial, "Warning Regarding Use of Folic Acid," the *New England Journal of Medicine* lists three possible relations of folic acid to neurological disturbances: first, ". . . folic acid may merely be allowing the disease to run its natural course; second, . . . folic acid in relieving one deficiency, accentuated another; and third, folic acid may exert positively deleterious influences on the nervous system."[8]

"The need for folic acid in human nutrition has been established," advises the FDA, adding, "Diets used in this country supply ample amounts of the vitamin. Rare deficiencies of folic acid occur, but they are associated with conditions for which the patient should be under medical supervision."[7]

Since clinical folic acid deficiency is rare, and since folic acid in multivitamins ". . . may mask and obscure the diagnosis of pernicious anemia,"[1] the Adabee formulas omit this ingredient.

Adabee contains no B_{12}

Goodman and Gilman remind that ". . . the only fully established clinical use of [B_{12}] . . . is in the treatment of pernicious anemia."[5] In *Drugs of Choice: 1960-61*, Bean says, "When B_{12} is needed, several priming doses of 100 mcg. should be injected . . . There is no advantage in using expensive oral preparations with intrinsic factor."[9]

Inasmuch as "The need for inclusion of vitamin B_{12} in therapeutic vitamin mixtures in an amount in excess of that supplied by an abundant dietary has not been demonstrated to date,"[6] this compound as well, has been excluded from new Adabee.

Adabee talks a doctor's language

Nutrition is its primary mission. Only authoritative doses of practical vitamins are supplied, while those factors which might complicate concurrent therapy, such as, hormones, amino acids, enzymes, and yeast derivatives, are eliminated.

ADABEE®

Each yellow, capsule-shaped tablet contains:

Vitamin A	25,000 USP units
Vitamin D	1,000 USP units
Thiamine mononitrate (B_1)	15 mg.
Riboflavin (B_2)	10 mg.
Pyridoxine HCl (B_6)	5 mg.
Nicotinamide (niacinamide)	50 mg.
Calcium pantothenate	10 mg.
Ascorbic acid (vitamin C)	250 mg.

ADABEE®-M (Adabee with minerals)

Each green, capsule-shaped tablet contains Adabee, plus:

Iron	15.0 mg.	Zinc	1.5 mg.
Iodine	0.15 mg.	Potassium	5.0 mg.
Copper	1.0 mg.	Calcium	103.0 mg.
Manganese	1.0 mg.	Phosphorus	80.0 mg.
Magnesium	6.0 mg.		

A dosage of one or two tablets a day as indicated, preferably with meals, is recommended.

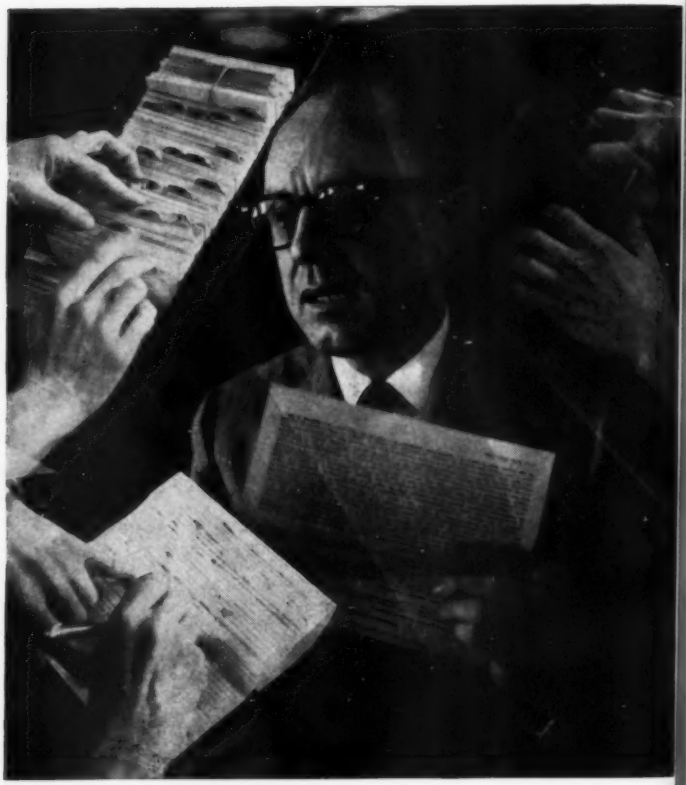
new! ADABEE®

the multivitamin without folic acid . . . or B_{12}

A. H. Robins Company, Inc.
Richmond 20, Virginia

XUM

$5 to fill out a form? 'Unjustified, Doctor!'



This magazine recently reported the findings of a nation-wide survey on what doctors charge for filling out insurance forms (MEDICAL ECONOMICS, *June 6, 1960). About 86 per cent of the surveyed men said they never make such a charge. But a number of these evidently wish they dared. Said one: "I'd like to see all of us routinely collect a standard fee—say, about $5—for completing an insurance form. But I'm not willing to be among the first." Like many of his colleagues, he apparently feared that patients might resent any such charge. Yet, as the survey revealed, 10 per cent of the men who charge ask $5 per form. How do patients react? This article recounts the reaction of one highly articulate patient. Except for names and identifying details, the story is wholly factual.*

By William N. Jeffers

Not long ago, a prosperous lawyer named Wendell Burr slipped on a wet sidewalk and suffered a minor leg injury. Near-by was the office of Dr. Thomas Hildman, an orthopedic surgeon. Directed by a passer-by, Burr limped to the doctor's office for treatment.

Later, he was billed for $25. He paid promptly. Then he sent the surgeon an insurance form to complete. Dr. Hildman filled it out, and Burr collected the $9 reimbursement provided by his firm's medical insurance coverage. At the same time, he got a second statement from the surgeon. This one billed him for $5 for filling out the insurance form.

Outraged, the lawyer fired off a letter to the doctor. "This bill is utterly unjustified!" he wrote. "I'm sure you realize that in saying so I could not be motivated by any personal animosity, but only by the conviction that your charge is unfair and economically unsound."

A week later, he received the

XUM

following reply from Dr. Hildman:

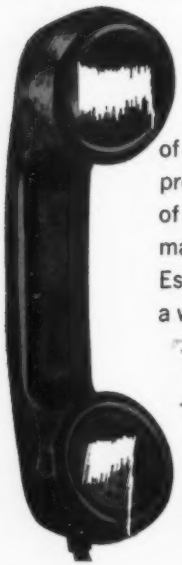
Dear Mr. Burr:

During the past five years, our office has become progressively overwhelmed with health and disability insurance forms. We have had to hire extra girls to complete them. These forms take up much of my time. In order to meet the costs, I must therefore charge for this service.

More and more physicians are being forced to do so. Some of the insurance companies have recognized the problem and now pay for the forms. Most patients realize the justice of paying for the service when the insurance company does not. While I strongly favor health insurance, I don't see how one can justify the notion that the doctor should bear the cost involved.

Sincerely yours,
Thomas Hildman, M.D.

The day after receiving this let-



NAUSEA AND VOMITING?

Make your first thought EMETROL... because of all widely prescribed antiemetics only EMETROL acts promptly and physiologically to control most cases of nonorganic vomiting... without the hazard of masking organic etiology or provoking side effects. Especially useful in the "g.i. virus" season... always a wise first choice for children and pregnant women.

EMETROL® first

PHOSPHORATED CARBOHYDRATE SOLUTION

Dosage: 1 or 2 teaspoonfuls for children, 1 or 2 tablespoonfuls for adults, repeated at 15-minute intervals as required. DO NOT DILUTE or permit fluids immediately before or after each dose.

Kinney

Columbus, Indiana



we have just

ONE PURPOSE

in

THREE HUNDRED

SIZES and WIDTHS

Our purpose is to make children's shoes (and only children's shoes) as accurately, as carefully as humanly possible.

The 300 sizes and widths help assure your small patients the most exacting fit . . . in the Stride Rite regular line, the Stride Rite Shoe with Extra Support, or the Stride Rite Straight Last Shoe.

Fit comes first with Stride Rite, in baby and toddler styles for the early walking years, in school or dress styles for older girls and boys. . . . fitting the shoe to the foot, never the foot to the shoe.

We have made more than 60 million pairs of fine Stride Rites. We're proud of them. Many many doctors share our confidence in Stride Rites. We're proud of that, too.

THE STRIDE RITE SHOE

THE SHOE THAT UNDERSTANDS CHILDREN

for the Stride Rite story, write Green Shoe Co., 960 Harrison Avenue, Boston, Mass.



an original development

Roche

succes
liberate

succes
or extra

succes
plus a
middle

succes
acuity;

Consult
prescrib

Publishe
2. L. O.
4. H. A.
6. H. H.
9. G. A.
p. 43. 12.
Ibid., p. 4
Curr. The
J. Louisia
Pan Amer
1960. 20.

LIBRIUM® ×
ROCHE L

XUM

NEW 5 mg and 10 mg



LIBRIUM

Roche research

THE SUCCESSOR TO THE TRANQUILIZERS

successor in specificity: relieves anxiety, agitation and tension, and liberates the patient from destructive fears.

successor in safety: not encumbered by depression, lacks autonomic or extrapyramidal side effects.

successor in versatility: covers the entire meprobamate area of therapy plus a significant portion of the phenothiazine area plus the difficult middle ground between the two.

successor in effect: acts with remarkable promptness; preserves mental acuity; produces a feeling of well-being, and a broadening of interest.

Consult literature and dosage information, available on request, before prescribing.

Published reports on Librium: 1. T. H. Harris, *Dis. Nerv. System*, *21*:(Suppl.), 3, 1960. 2. L. O. Randall, *ibid.*, p. 7. 3. J. M. Tobin, I. F. Bird and D. E. Boyle, *ibid.*, p. 11. 4. H. A. Bowes, *ibid.*, p. 20. 5. J. Kinross-Wright, I. M. Cohen and J. A. Knight, *ibid.*, p. 23. 6. H. H. Farb, *ibid.*, p. 27. 7. C. Breitner, *ibid.*, p. 31. 8. I. M. Cohen, Discussant, *ibid.*, p. 35. 9. G. A. Constant, *ibid.*, p. 37. 10. L. J. Thomas, *ibid.*, p. 40. 11. R. C. V. Robinson, *ibid.*, p. 43. 12. S. C. Kaim and I. N. Rosenstein, *ibid.*, p. 46. 13. H. E. Ticktin and J. D. Schultz, *ibid.*, p. 49. 14. J. N. Sussex, *ibid.*, p. 53. 15. I. N. Rosenstein, *ibid.*, p. 57. 16. D. C. English, *Curr. Therap. Res.*, 2:88, 1960. 17. T. H. Harris, *J.A.M.A.*, *172*:1162, 1960. 18. G. L. Usdin, *J. Louisiana M. Soc.*, *112*:142, 1960. 19. I. N. Rosenstein and C. W. Silverblatt, paper read at Pan American Medical Association, 35th Anniversary Congress, Mexico City, Mexico, May 2-11, 1960. 20. K. Rickels, *ibid.* 21. N. Toll, *Dis. Nerv. System*, *21*:264, 1960.

LIBRIUM® Hydrochloride—7-chloro-2-methylamino-5-phenyl-3H-1,4-benzodiazepine 4-oxide hydrochloride

ROCHE LABORATORIES • Division of Hoffmann-La Roche Inc.

ter, Wendell Burr buzzed for his secretary and dictated the following:

Dear Dr. Hildman:

Enclosed is my check for $5 in payment of your charge for completing my insurance form. I pay it only that I may be more objective in making my position clear, for the issues involved are very important.

I wouldn't think of questioning a physician's right to charge for time expended in helping a patient obtain damages from a third party for injuries received in an accident. Certainly the doctor has the same right as the lawyer to charge for such services. But that was *not* the situation in my case. My insurance form was to enable me to collect money for the purpose of paying the doctor.

Until recent years, patients in general were slow to pay the doctor. Many doctors died with thousands of uncollectible dollars on their books. It was also true that an extended illness could wipe out a family's savings. It was to solve this twofold problem that health insurance plans were devised.

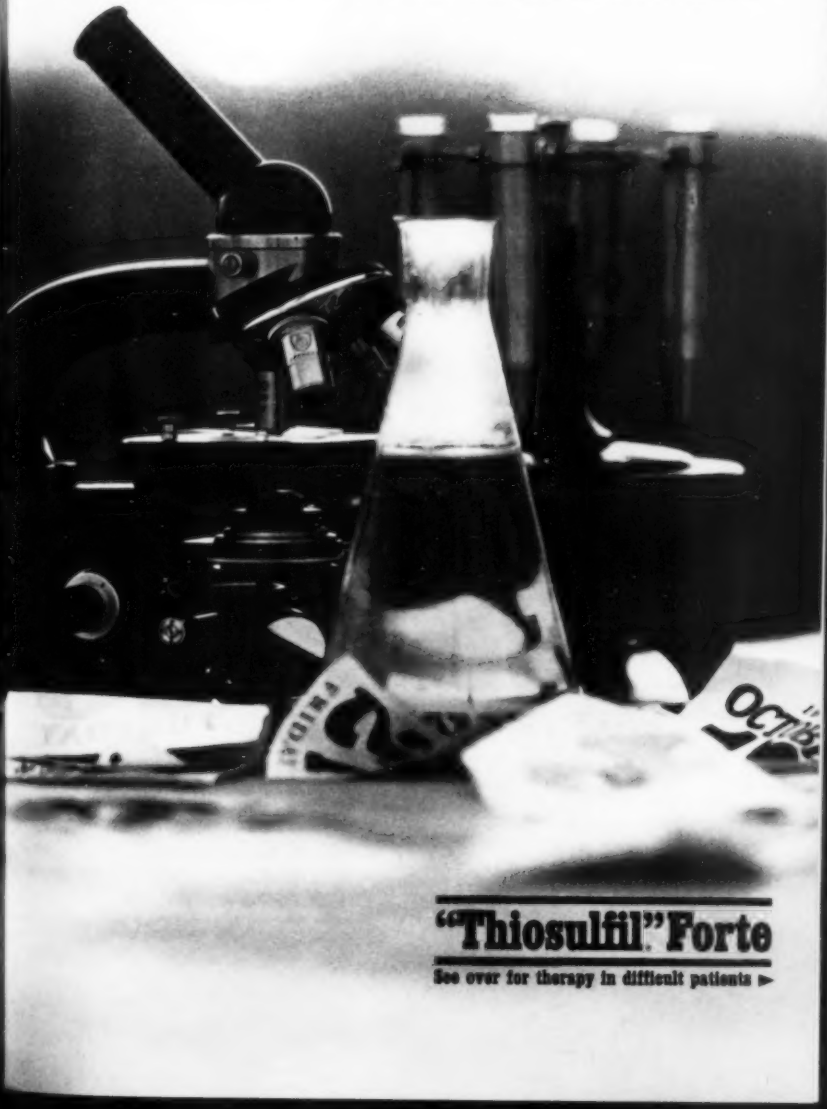
These have been a great boon to doctors—not only in paying their fees but in heading off socialized medicine. But they can be no solution if their cost becomes prohibitive.

Any solution that serves both the medical profession and the public should have the profession's support at least to the extent of performing without charge the small clerical task of certifying to the services rendered. If this task has become so great a financial burden that some doctors can't assume it, then they should limit what they charge to their actual out-of-pocket cost.

If doctors generally made charges comparable to yours, I doubt whether medical insurance could long survive. No one would pay premiums if, in addition to his fees for professional services, the doctor collected more out of the insurance proceeds than the patient himself. That's exactly what you've done in my case. Out of my $5 you've collected $5.

Indeed, if other doctors followed your practice, it might cost me more to collect under the insurance policy than the policy would pay me. For example, my family physician charges $5 for

THE SULFA COMPOUND THAT IS ESPECIALLY VALUABLE IN URINARY TRACT INFECTIONS BECAUSE IT CAN BE GIVEN SAFELY-WITHOUT INTERRUPTION—FOR WEEKS, MONTHS...EVEN YEARS.



"Thiosulfil" Forte

See over for therapy in difficult patients ►

XUM

HOW TO IMPROVE THE PROGNOSIS IN THE DIFFICULT PATIENT WITH URINARY TRACT INFECTION: Proof of effectiveness and record of safety in long term therapy are two important factors in the selection of a sulfa, particularly when the infection is stubborn and recurrent; occurs during pregnancy; in prostatitis; in patients with indwelling catheters; when stasis is a potential cause of ascending infection. "Thiosulfil" Forte is specially valuable in the treatment of problem patients with urinary tract infection as demonstrated by years of clinical experience.

RECORD OF SAFETY

In clinical studies of over 3,600 patients, the number of reactions, none serious, was less than 2 per cent.[1-5] " 'Thiosulfil' was remarkably well tolerated, there being no discontinuation of treatment due to untoward effects, and very few mild reactions were noted."[2] "The drug can be taken over a long period of time with practically no untoward side reactions."[3] "Clinical trial appears to indicate that the drug can be tolerated where other sulfa drugs can not and that it is effective where some others are not."[4] Out of 3,057 cases . . . 47 patients (1.6%) showed g.i. disturbances and 33 patients (1.1%) allergic reactions.[1] NO REPORTS OF: hemorrhagic dyscrasias, hematuria, anuria, agranulocytosis.

PROOF OF EFFECTIVENESS

A review of more than 3,600 reported cases on "Thiosulfil" demonstrates: a) adequate drug dosage can be simply and economically achieved with a minimum incidence of complicating side effects; b) the antibacterial agent can be given over longer periods of time, particularly in cases involving urinary stasis.

Specific For Urinary Tract Infections: "Thiosulfil" reaches greater urinary concentrations of the active, free, nonmetabolized form than any other sulfa, single or mixed. "Thiosulfil" is rapidly excreted; as much as 79% of the drug is found in the urine after eight hours—of this, 98% is in the active form.[5] The entire g.u. tract is, thus, subjected to continual "sulfa baths" of active drug—more wide spectrum antibacterial activity at site of infection.

Even where urinary stasis exists and cannot be readily corrected, prolonged or even indefinite use of "Thiosulfil" on a reduced dosage schedule will usually keep the infection under control, patients comfortable, and side effects minimal. "Thiosulfil" may materially reduce the likelihood of infections ascending to the parenchyma of the kidneys and subsequent serious systemic involvement.

DOSAGE (Urinary Tract Infections)

TIME PERIOD	DOSE
First two weeks	3 Gm./day[1]
2 weeks to 3 months	2 Gm./day[2-5]
3 months or longer	0.5 Gm./day[7]

Suggested Range of Dosage: 1 or 2 tablets three or four times daily. Note: The usual precautions exercised with sulfonamides should be observed.

Supplied: No. 786: Each tablet contains 0.5 Gm. sulfamethizole; in bottles of 100 and 1,000 scored tablets.

References—1. Bourque, J.P., and Gauthier, G.E.: Seven years experience with sulfamethizole, to be published. 2. Bourque, J.P., and Joyal, J.: Canad. M.A.J. 68:337 (Apr.) 1953. 3. Barnes, R.W.: J. Urol. 71:655 (May) 1954. 4. Goodhope, C. D.: J. Urol. 72:552 (Sept.) 1954. 5. Boger, W. P.: The Antibacterial Sulfamides: Comparative Studies, Scientific Exhibit Section, American Academy of General Practice Eleventh Annual Scientific Assembly, Apr. 6-9, 1959, San Francisco, California. 6. Cottet, T. L. C., Rolnick, D., and Lloyd, F. A.: Rocky Mountain M. J. 56:66 (Mar.) 1959. 7. Hughes, J., Coppridge, W. M., and Robert, L. C.: North Carolina M. J. 17:320 (July) 1956.

THE SULFA COMPOUND THAT IS ESPECIALLY VALUABLE IN URINARY TRACT INFECTIONS BECAUSE IT CAN BE GIVEN SAFELY—WITHOUT INTERRUPTION—FOR WEEKS, MONTHS...EVEN YEARS

"Thiosulfil" Forte

AVERST LABORATORIES, NEW YORK 16, N.Y., MONTREAL, CANADA

an office call. My insurance reimbursement for this is $3. What if *he* charged me $5 for filling in the form?

I am not impressed by the fact that you've had to hire extra girls to complete these forms. Surely one girl could do ten of them in an hour. In a thirty-five-hour week, this girl could turn out 350 forms, and at $5 each the gross return would be $1,750! Even if this amount were cut in half, the amount you charge would still be exorbitant.

Sincerely,
Wendell Burr

There the correspondence ended. After reading it, a reporter for this magazine asked Dr. Hildman to comment on the exchange of letters.

"Well," said Dr. Hildman, "only a few patients have ever complained about that $5 charge, and they've always accepted it calmly once it was explained. Mr. Burr is the first who has made a fuss. And he's all wrong!

"For instance, it isn't as easy as he thinks to get the forms out. Records have to be taken out and studied. Sometimes we have to send to the hospital for them. Then we must decide how each question should be answered. Sometimes we have to fill out forms for patients we haven't seen for years—patients with voluminous records. Both my secretary and I review each form before I sign it. All this takes a good deal of work by three or four people."

But, the doctor was asked, hasn't health insurance so improved collections that the doctor should be willing to absorb the additional costs?

"My collection rate today—90 per cent—is exactly what it was when I started practice in 1929," Dr. Hildman replied. "Anyhow, I don't charge every patient for the form. If he's hard up, I make an exception. And I never charge for Blue Shield or state disability forms. But I certainly don't see that I'm obligated to carry the cost of preparing insurance-company forms."

What about Wendell Burr's statement that in some cases a $5 insurance-form charge might amount to more than the benefit collected?

"Highly improbable," said the doctor. "Anyhow that's a problem



if you're
treating
a coccal
infection...

you can't prescribe a more effective antibiotic than

ERYTHROCIN®

Erythromycin, Abbott

How much "spectrum" do you need in treating an infection? Clearly you want an antibiotic that will show the greatest activity against the offending organisms *and the least activity against non-pathogenic gastro-intestinal flora.*

Weigh these criteria – and make this comparison – when treating your next coccal infection. Erythrocin is a medium-spectrum antibiotic, notably effective against gram-positive organisms. In this it comes close to being a "specific" for coccal infections—*which means it is delivering a high degree of activity against the majority of common infection-producing bacteria.*

And against many of the troublesome "staph" strains – a group which shows increasing resistance to penicillin and certain other antibiotics – Erythrocin continues to provide bactericidal activity. Yet, as potent as Erythrocin is, *it rarely has a disturbing effect on normal gastro-intestinal flora.* Comes in easy-to-swallow Filmtabs®, 100 and 250 mg. Usual adult dose is 250 mg. every six hours. Children, in proportion to age and weight. Won't you try Erythrocin?

ABBOTT

® Filmtab—Film-sealed tablets, Abbott.

011296



XUM

between him and his insurance company."

How would Dr. Hildman feel about having Mr. Burr as a patient again?

"Well," said the surgeon, "let's say I feel we'd both be happier if I didn't."

The reporter then went to see Mr. Burr and asked: If Dr. Hildman's bill had been for $50 and the insurance company had paid it in full, would the $5 charge for filling out the form have seemed so improper?

"No—not quite," replied the lawyer. "I think I'd have paid the bill without comment. I'd have thought he could well have absorbed the cost himself, but I wouldn't have felt the charge was entirely unreasonable."

Would he now go back to Dr. Hildman as a patient?

"Never," said Mr. Burr. END

Should specialists control your fees in their field?

Your state medical association probably has a hand in setting third-party fee schedules. But should the hand be that of specialists alone? The answer's no, if your association reacts as the Connecticut State Medical Society did recently.

Its members were amazed to hear this year that a radiology fee schedule was about to go into effect for Workmen's Compensation cases. The schedule was reportedly based on discussions between the state compensation commissioner and the society's radiology section. According to the proposed schedule, only board-certified radiologists would receive 100 per cent of the allowances for radiological procedures. Other certified specialists would get 75 per cent, while G.P.s would have to be satisfied with 50 per cent.

Nonradiologists called this an "intolerable" commitment of the society by a "limited number" of men. So at a recent meeting, the society's House of Delegates brusquely rejected the arrangement and the manner in which it had been negotiated. To prevent similar "misunderstandings," the society also set up a committee on third-party payments, which it says "will coordinate nonclinical matters and will allow the various sections to return to their educational functions." END

XUM

for functional disorders of menopause...
cardiac neuroses...
interval treatment of headache



BELLERGAL®
SPACETABS®

effectively relieves distress of
hot flashes · sweating · headache
· excessive fatigability
· irritability · palpitation · insomnia

"A double blind study shows that . . . Bellergal Spacetabs is well suited for the symptomatic treatment of patients with vasomotor symptoms. Excellent to good results were achieved in 78 per cent of all complaints. . . . Symptoms of autonomic instability in patients with psychosomatic disorders alone, in those in the menopause, or in those in whom it was concomitant with organic disease were well controlled." Bernstein, A. and Simon, F.: Angiology 9:197, August 1958.

BELLERGAL SPACETABS— Bellafoline 0.2 mg., ergotamine tartrate 0.6 mg., phenobarbital 40.0 mg. *Dosage:* 1 in the morning, and 1 in the evening.

BELLERGAL TABLETS— Bellafoline 0.1 mg., ergotamine tartrate 0.3 mg., phenobarbital 20.0 mg. *Dosage:* 3 to 4 daily. In more resistant cases, dosage begins with 6 tablets daily and is slowly reduced.

SANDOZ

in edema of pregnancy

"gratifying relief..."

in all patients

treated with



HYDRODIURIL®

HYDROCHLOROTHIAZIDE

increased potency—without corresponding increase in side effect

Ford, Ralph V.: Southern Med. Jl. **52:** 40, (*Jan.*) 1959

"Hydrochlorothiazide was given to patients with edema (mild to moderate) of varied etiology..." "There were ... 5 women in the third trimester of pregnancy." In these patients the cumulative weight loss was 2 pounds after seven days of therapy and 4 pounds after twenty-one days. Gratifying relief of edema was observed in all patients.



DOSAGE: One or two 50 mg. tablets HYDRODIURIL once or twice a day, depending upon the condition and individual patient response.

SUPPLIED: 25 mg. and 50 mg. scored tablets HYDRODIURIL (Hydrochlorothiazide) in bottles of 100 and 1,000.

HYDRODIURIL is a trademark of Merck & Co., INC..

Additional information on HYDRODIURIL is available to the physician on request. ©1960 Merck & Co., INC.

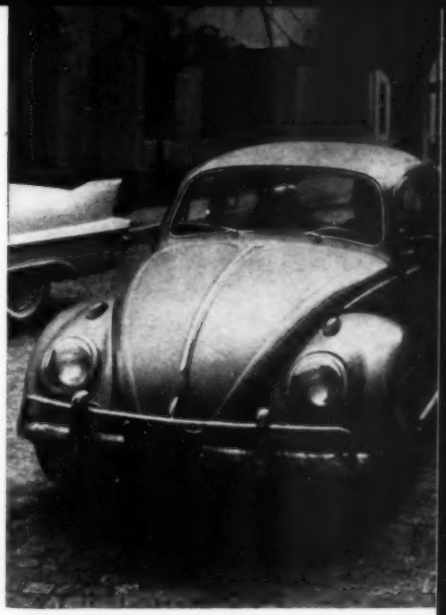
MSD MERCK SHARP & DOHME
Division of Merck & Co., INC. Philadelphia 1, Pa.

How prosperous should you look?

Frayed cuffs aren't the answer, but neither are diamond cuff links. Here's how surveyed doctors describe an appropriate scale of living—and colleagues who exceed it

By C. R. Wallace





An internist told me recently about a surgeon-colleague: "He lived lavishly in a $60,000 house. He was always bragging about it—and about his yacht and two Cadillacs. Finally, some one made an anonymous report to the Internal Revenue Service about him. He was put through the cat-and-mouse game for three years. In the end, it cost him plenty."

Did the surgeon change his ways? "He sure did," the internist laughed. "He moved into a larger house and bought a third car!"

I know another surgeon who could retire in luxury tomorrow if he wanted to. But he's so sensitive to what people might think that he drives an old Chevy and lives in a boxlike house. He was one of the last persons in town to buy a television set. After his son was stricken with polio, the doctor decided to build a swimming pool. "But when news of this hit town, the reaction was terrific," he recalls. "We didn't build the pool."

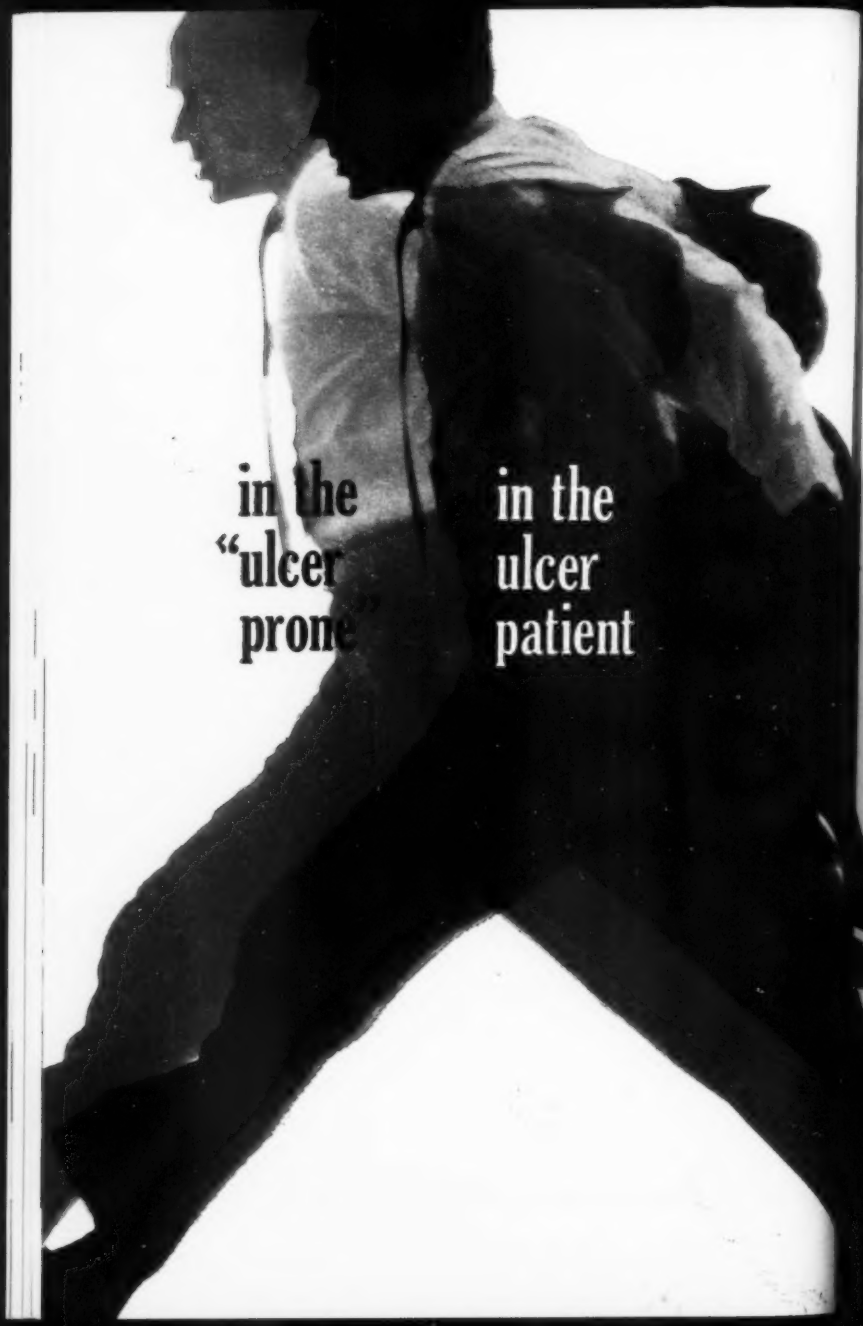
Between the extremes of ostentation and self-denial, where should you draw the line? How prosperous should you look? MEDICAL ECONOMICS has questioned hundreds of physicians on this and related problems. Their replies are in surprising agreement on a few main points. They say:

¶ Patients *do* expect you to look prosperous. Frayed cuffs and hand-me-down furniture in the reception room suggest to them that you are not much of a doctor.

¶ A physician who flaunts his prosperity often gets away with it for a while. There *are* patients who judge a medical man's ability by the length of the tail fins in his driveway. As one radiologist puts it: "People who carp the most about fees are often the very ones who pick only the obviously successful physicians."

¶ In the long run, though, the obviously high-living doctor invites

XUM


in the
"ulcer
prone"
in the
ulcer
patient



.what good are antacids if the ache is still there?

Kolantyl

much more than an antacid
blocks all three sources of
pre-ulcer and ulcer pain

Antacid relief is only partial, because acid causes only part of your patient's discomfort. In almost every case, he suffers with painful G. I. spasm, too. Kolantyl stops it. Of course, most antacids will soothe irritated mucosa. Kolantyl, however, does more...helps prevent further erosion, promotes healing. And when you prescribe Kolantyl, your patients will take it gladly. You see, Kolantyl tastes extra good.

Dosage: 1 tablespoonful or 2 tablets, every three hours, as needed.

Merrell

THE WM. S. MERRELL COMPANY
Cincinnati, Ohio • St. Thomas, Ontario

TRADEMARKS: BENTYL®, KOLANTYL®

XUM

CHYMOLASE

CHYMOTRYPSIN, W-T

IN AQUEOUS GELATIN SOLUTION

for reduction of local inflammation, edema, congestion...

INDICATIONS

CIRCULATORY DISORDERS
Phlebothrombosis and thrombophlebitis.

ACCIDENTAL INJURIES
Sprains, strains, bruises, hematomas.

BRONCHOPULMONARY DISORDERS
Bronchiectasis, bronchial asthma, emphysema.

ACUTE INFLAMMATION
Bursitis, arthritis and cellulitis.

TISSUE NECROSIS
Varicose, diabetic and decubitus ulcers.

SURGERY
Inflammation, edema and hematoma.

OBSTETRICS
Episiotomies, phlebitis, postphlebitic edema, postpartum breast engorgement.

Dosage: 0.5 cc to 1.0 cc deeply in the gluteal muscle once or twice daily as indicated.

Supplied: In 1 cc ampuls and 5 cc vials, each cc containing 5000 units of proteolytic activity in an aqueous solution containing 50 mg gelatin, 0.1 mg propyl parahydroxybenzoate, 0.9 mg methyl parahydroxybenzoate.

THE WARREN-TEED PRODUCTS COMPANY

COLUMBUS 15, OHIO

Dallas Chattanooga Los Angeles Portland

trouble for himself and for the profession. To quote one medical man: "Flaunted wealth and braggadocio are resented in anyone—but especially in physicians. People expect their doctors to know better, to be dignified, and to have restrained good taste. So let's live in luxury if we can afford it; but let the luxury be quiet and discriminating. Let's leave *blatant* luxury to movie stars and such."

Here, in brief, is the surveyed doctors' case against ostentation:

The physician who flaunts his wealth is resented by colleagues. Their resentment may well be stronger than that of the public at large. It's based largely on the feeling that the ostentatious doctor reflects unfavorably on the profession as a whole.

"I know a G.P. who's loud and flashy—just like his car," says an internist in an Eastern city. "I've heard a lot of local critics of the medical profession use this man as an example. The unfair part is that



clinically proved
oral penicillin therapy
that costs your
patients less

Pentids

Squibb Penicillin G Potassium

SQUIBB

Squibb Quality—the Priceless Ingredient

Available in these convenient dosage forms: PENTIDS '400' TABLETS (400,000 u.) • PENTIDS '400' FOR SYRUP (400,000 u. per 5 cc. when prepared) • PENTIDS TABLETS (200,000 u.) • PENTIDS FOR SYRUP (200,000 u. per 5 cc. when prepared) • PENTID-SULFAS TABLETS (200,000 u. with 0.5 Gm. triple sulfas) • PENTIDS CAPSULES (200,000 u.) • PENTIDS SOLUBLE TABLETS (200,000 u.)

his practice hasn't suffered a bit."

But a specialty practice can suffer if referring doctors get the idea that the specialist is living too high. One ophthalmologist says this happened to him. "When I built a big medical building," he reports, "a large number of doctors stopped referring patients to me."

Unfair? Maybe. But it's a fact of life. Here's another:

The physician who spends too much too soon is a special target of resentment. So is any doctor who tries to enjoy the lavish comforts of city life in a small town. As one G.P. observes, "People don't mind if a doctor spends what he has earned—so long as he does not do it when he's young enough to enjoy it!"

"The comet types are sure to arouse public resentment," says a Southern EENT man. "The public doesn't know how heavily in debt these young fellows are, with their expensive homes, automobiles, beach cottages, and boats. Their wives can't be considered blameless, either."

Deficit spending for luxuries seems almost certain to backfire on the young physician in a small town. One Midwestern G.P., according to a colleague, "bought new cars in rapid order, ending up with a Rolls-Royce after only six years in practice. This was resented by tradespeople to whom he owed money for ordinary necessities."

It seems clear, though, that doctors are judged less by what they own than by the way they comport themselves. With this point in mind, the surveyed men suggest a few "don'ts" that apply no matter where you live:

Don't talk about your possessions to such an extent that you give the impression you're more interested in them than in medicine.

Don't splurge on luxuries if it means running up big local bills. A doctor's debts are sure to be talked about.

Don't decline to contribute to worthy causes in proportion to the prosperity you display.

Don't take patients' remarks about your "wealth" too seriously. Almost every doctor, it seems, can expect a few half-joking criticisms every time he buys something new. As one physician sums it up, "Let them needle me about my new car. I won't worry till they *stop* talking to me about it." END

Double Seal®
POROUS
ADHESIVE TAPE

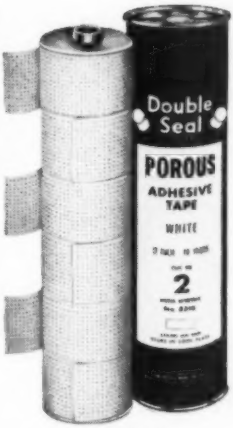
A revolutionary new process that actually renders it

FULLY POROUS!

The minute openings of Double Seal POROUS Adhesive Tape are so perfectly formed as to permit unobstructed passage of air through BOTH the *adhesive mass surface* and the *cloth backing*. Full standard spread of the adhesive mass insures perfect adhesion; strength of backing cloth is maintained.



Double Seal POROUS Adhesive Tape is naturally better, of course—YET COSTS NO MORE! Order it from your supplier.



PATS. PEND. AND MADE UNDER PAT. NO. 2,647,065

The porosity of Double Seal POROUS Adhesive Tape can readily be seen with the naked eye. Under the magnifying glass the holes show how *clear* the porosities are for better aeration.

Available in Natural Flesh and White. 12″ x 10 yard rolls in the following widths: ½″, 1″, 1½″, 2″, 3″, 4″ and assorted sizes.

COMPLIMENTARY SAMPLE

Surgical Supply Division
THE SCHOLL MFG. CO., INC.
213 W. Schiller St., Chicago, Ill.
62 W. 14th St., New York, N. Y.
3223 E. 46th St., Los Angeles, Calif.

Please send me a 2″ x 3 yds. roll of Double Seal POROUS Adhesive Tape.

Name.....*M.D.*

Address.....

City.....*State*.....

basic to the Art of hypertension management



moderil®
brand of rescinnamine
a refinement in rauwolfia alkaloid therapy

Science for the world's well-being™

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

XUM

IN BRIEF

MODERIL is rescinnamine, a purified rauwolfia alkaloid providing the benefits of reserpine with reduced frequency and/or severity of certain reserpine side effects. Rauwolfia has been referred to as the first agent to be tried and the last omitted in antihypertensive therapy. When MODERIL is given with other antihypertensive agents, the latter may often be administered in lower dosage with fewer undesired reactions.

INDICATIONS: Primary therapy in mild to moderate labile hypertension. In more severe cases, as adjunctive therapy with other agents.

ADMINISTRATION AND DOSAGE: Adjust dosage to minimum level for optimal therapeutic effect. Recommended initial dose—one 0.5 mg. tablet twice a day for two weeks. Significant side effects are unusual with MODERIL, but should they occur, reduce dosage to one 0.25 mg. tablet twice daily. When optimal hypotensive effects are obtained during initial period, this same reduced dosage or less may be used. If greater hypotensive effects than those observed during this period are required, cautiously increase dose by 0.25 mg. per day (up to 2.0 mg. per day) and consider combined therapy. Doses should be taken after meals to minimize possible adverse effects of increased gastric secretion.

Initial dosage for children 3-12 years of age is up to 0.25 mg. twice daily for one week. Children should be observed closely and when therapeutic effect is achieved, this dose should be reduced by half, i.e., 0.25 mg. daily.

SIDE EFFECTS: Same type as with reserpine but usually with reduced incidence or severity, e.g., mental depression, bradycardia, nightmares, and fatigue. Nasal stuffiness or congestion may occur but usually disappears with discontinuation of the drug or on use of topical vasoconstrictors or antihistamines. Increased frequency of defecation and/or looseness of stools is an occasional reaction. There have been occasional reports of serious hypotension in persons on *Rauwolfia* compounds who undergo surgery with general or spinal anesthesia. It is suggested that MODERIL be discontinued two weeks before surgery, when feasible, or other appropriate measures be taken.

PRECAUTIONS: Because rauwolfia preparations may increase gastric secretion, MODERIL should be used with caution in patients with a history of peptic ulcer.

SUPPLIED: Yellow, scored, oval tablets of 0.25 mg., bottles of 100 and 500; salmon, scored, oval tablets of 0.5 mg., bottles of 100.

More detailed professional information available on request.

Fostex® treats their acne while they wash



degreases the skin — completely emulsifies and washes off excess oil from the skin.

helps remove blackheads — penetrates and softens comedones, unblocks pores and facilitates removal of sebum plugs.

dries and peels the skin — removes papule coverings and permits drainage of sebaceous glands.

Patients like Fostex because it is so easy to use. They simply wash acne skin 2 to 4 times a day with Fostex Cream or Fostex Cake, instead of using soap.

Fostex contains Sebulytic®,* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions . . . enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Fostex is available in two forms—



FOSTEX CREAM, in 4.5 oz. jars.
FOSTEX CAKE, in bar form.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

Write for samples.

WESTWOOD PHARMACEUTICALS • Buffalo 13, New York

XUM

Practice in America? No, thanks!

You might think a London G.P. would envy his colleagues in the U.S. This one doesn't—not after a sharp-eyed look around New York

By L. Kurzer, M.D.

I recently went over to the United States to find out, among other things, about the life, status, and economic position of American G.P.s. My visit was an eye-opener, because the entire conception of general practice on this side of the Atlantic differs so greatly from our own.

Let it be said at the outset: G.P.s in the States practice medicine thoroughly. They're always on the look-out for new ideas, new methods of treatment, new approaches to old problems. In fact, they seem to be obsessed with the idea that they must keep abreast of every advance.

THIS ARTICLE *is condensed from the British magazine Medical World.*

And in spite of the large number of doctors in New York—I saw numerous M.D. name plates in every block—every one of them seemed to be busy and doing very well. I once suggested to some American medical friends that possibly far too many unnecessary "investigations" were sanctioned by doctors who consciously or unconsciously were abusing the confidence of the public.

Smilingly, my friends explained that the patients themselves demanded full investigations. It appears to be a widespread practice for normal, healthy Americans to present themselves for periodic check-up—and hang the expense! They seem to regard this in the

light of a hobby, cheerfully undergoing ECGs, X-rays, blood tests, and what have you. Not for a moment would I question the advantages of these self-chosen overhauls. They appear to do the patients no actual harm; and they do prove highly remunerative to the doctors.

On the face of it, then, life should be a bed of roses for the American G.P. But a little probing disclosed that a feeling of insecurity plagues many of them, and some suffer a sense of actual frustration.

The apparent affluence of the New York G.P. is often revealed as a superhuman attempt to keep up with the Joneses—to buy a bet-



"My experience is similar. The day I was born, Father enrolled me at Choate and at the Psychoanalytic Institute."

when they're pregnant they "forget" on purpose

Iron therapy is anathema to pregnant women—and understandably so. They are apprehensive of the unpleasant side effects so common with conventional iron tablets and capsules. Little wonder pregnant patients are notorious for "forgetting" to take their iron.

Since 'Feosol' *Spansule* capsules virtually eliminate side effects, and since—in most cases—the daily dosage is only one capsule, the chance of G.I. distress and "forgotten" doses is reduced to a minimum.

FEOSOL® SPANSULE®

brand of ferrous sulfate — brand of sustained release capsules

the superior presentation of iron

SMITH KLINE & FRENCH



Each tablet contains:
Provera (medroxyprogesterone acetate) 2.5 mg.
Cardrase (ethoxzolamide) ..... 35 mg.
Levanil (ectylurea) ..... 300 mg.

DOSAGE: 1 tablet 1 or 2 times daily, 5-10 days before the period.

THE UPJOHN COMPANY / KALAMAZOO, MICHIGAN

CYTRAN

GETS AT THE CAUSE OF

to restore hormonal balance...

corrective therapy Because Cytran contains t new progestin, Provera,† you can now reach the co of premenstrual tension—hormonal imbalance. Estrog progesterone ratio is adjusted to more normal prem strual balance. Thus even abdominal discomfort, sha ness, fatigue—symptoms incompletely controlled mere symptomatic treatments—are effectively relie



to comfort the patient...

symptomatic therapy An effective diure (Cardrase†) and a mild tranquilizer (Levanil†) af symptomatic relief while Provera works to effect a re toration of hormonal balance. They also supplement t activity of Provera in those rare cases where restorati of hormone balance does not completely eliminate ede and anxiety/tension.

*TRADEMARK †TRADEMARK, REG. U.S. PAT.

Upjohn

OF PREMENSTRUAL TENSION



XUM

ter car, to have a smarter office. He must maintain at all times the appearance of prosperity.

His glass-fronted cabinets are chock-a-block with instruments. His reception rooms are bright and comfortable, usually presided over by a charming, white-uniformed receptionist. On the pastel walls are his professional diplomas and membership certificates—all discreetly displayed with the aid of tubular lighting.

Showmanship, in fact, is as essential as his up-to-the-minute familiarity with medical discoveries—and it greatly increases his overall expense. As a result, he's unable to relax his efforts to get more and more patients. And he's worried by the knowledge that they can—and frequently do—transfer their allegiance to his colleague next door. Holidays are brief or out of the question; competition is far too keen.

It's noteworthy, finally, that the majority of American doctors insure themselves for large sums against actions for professional negligence. The American public has sometimes shown itself quick to take legal proceedings against doctors for professional incompetence, real or imaginary. I was staggered to hear from a New York gynecologist that he's mulcted annually for a very high premium against possible actions by disgruntled patients. Any of these actions can involve as much as half a million dollars.

All in all, in spite of the glitter of the American medico's way of life, the British G.P. has every reason to count his blessings. END

How you can help expose a racket in vitamins

Are your middle-aged patients being victimized in the latest mail-order racket—geriatric vitamins? If so, there are ways you can spot the pitch of the mailbox medicine man—and help your patients protect themselves at the same time.

For example, the Wisconsin state medical society stepped in some time ago when a victimized citizen voiced a complaint. After a thorough investigation, it published its findings as an aid to physicians whose patients might be potential victims. According to the Wisconsin society, the racket includes these four steps:

¶ A barrage of promotional ma-



CHOLEDYL
CANDIDATE
STRANGLED WITH AIR

in respiratory distress

CHOLEDYL®

brand of oxtriphylline

betters breathing . . . decreases wheezing in chronic bronchitis, chronic asthma and emphysema

Choledyl, the choline salt of theophylline, produces up to 75% higher theophylline blood levels than does oral aminophylline, without gastric upset. The superior specific bronchodilator, Choledyl is basic for prophylaxis or treatment of dyspnea... has no sedative or sympathomimetic effects... reduces incidence and severity of acute attacks... decreases need for secondary medication... retains effectiveness during long-term administration. *Usual dose:* 200 mg. q.i.d. *Supplied* as 200 mg. tablets (yellow), bottles of 100.

WARNER CHILCOTT

MORRIS PLAINS, N.J.

CP93

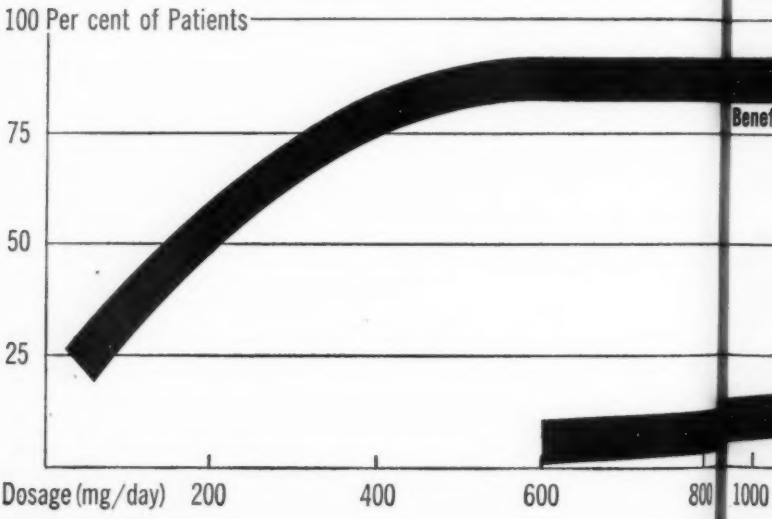
DORNWAL

brand of amphenidone

a nonsedative tranquilizer that works

greater therapeutic effectiveness with lowest incidence of side effects

clinical effectiveness of Dornwal*



Causes virtually no drowsiness or depersonalizati

PDW-05

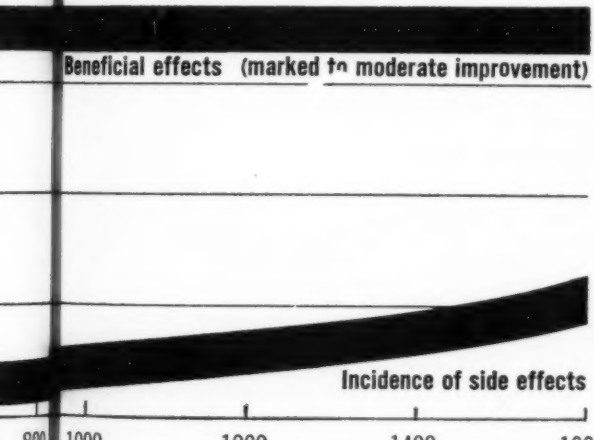
XUM

$2\frac{1}{2}$ year progress report*

random groups of 30-60 patients

generic name	clinical improvement (%) (marked & moderate)	incidence of side effects (%)
Amphenidone [Dornwal]	81	16
Fluphenazine (low doses only)	75	16
Chlorprothixene	73	31
Meprobamate	67	30
Methoxypromazine	65	29
Phenaglycodol	62	46
Chlormezanone	61	31
Benactyzine	58	32
Mephenoxalone	52	25
Phenobarbital	37	10
Inert placebo	20	10

Clinical Response and Side Effects — Deciding factors in your choice of a tranquilizer



Prescribe Dornwal for patients who need a tranquilizer but can't afford to be drowsy. Write for trial supply.

*Nodine, J. H.; Bodi, T.; Slap, J.; Levy, H. A., and Siegler, P. E.: Human bioassay of tranquilizers in psychosomatic disorders, Scientific Exhibit, American Medical Association Annual Meeting, Miami Beach, Florida, June 13-17, 1960.

Dosage: One or two 200 mg. tablets three times a day. Children, age 6 to 16, one or two 100 mg. tablets two times a day. Administration limited to three months duration.

Supplied: 200 mg. yellow scored tablets, and 100 mg. pink tablets, each in bottles of 100 and 500.

No absolute contra-indications to the use of Dornwal are known. There have been no reports or evidence of habituation, addiction or drug tolerance in animal or clinical studies. Dornwal has proved to be relatively free from untoward effects when administered at recommended dosages.

DORNWAL

A NONSEDATIVE TRANQUILIZER THAT WORKS

Maltbie

MALTBIE LABORATORIES DIVISION
WALLACE & TIERNAN INCORPORATED
BELLEVILLE 9, NEW JERSEY, U.S.A.

PDW-05

XUM

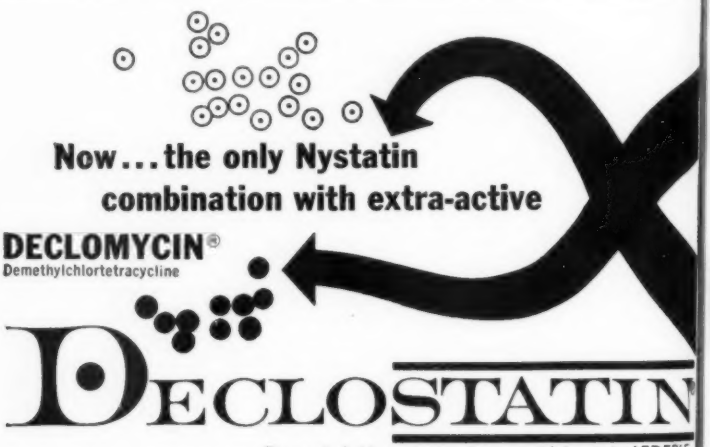
terial containing an offer of a free-trial supply of the capsules.

- An automatic monthly order for $6 worth of the capsules if the victim fails to return an enclosed card canceling the program.
- A series of dunning collection letters if the customer balks.
- An offer to settle the $6 account for $3, coupled with a recital of the dangers of credit impairment.

If you or one of your patients spot the signs of such a racket, there are three things the Wisconsin society suggests you do:

1. Notify your state medical society. The operation is probably widespread.
2. Notify your Better Business Bureau. It will gladly help.
3. Publicize your findings. This is one time advertising will *hurt* business.

That's how it was done in Wisconsin—with apparent success. The state society hasn't heard a single complaint since the Wiscon-

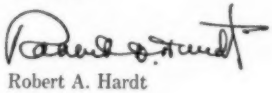


Armour Pharmaceutical Company extends its thanks to the profession

In the several months since the introduction of our new enteric-protected anti-inflammatory enzyme tablet, Chymoral, we have received some very encouraging comments from the profession regarding its clinical success in the enzymatic management of inflammatory processes. We would like to extend our thanks to those who have already used and commented on Chymoral. Since we are deeply interested in extending our knowledge of the therapeutic range of this new product, we will welcome any further comments you may want to make. To those who have not yet used Chymoral, we extend an offer to give it a therapeutic trial.

The therapeutic and prophylactic effects of Chymoral include anti-inflammatory, antiedematous and mucolytic activities.[1-6] It liquefies thick secretions in bronchitis and in asthma with bronchitis; eases the racking cough of emphysema and increases elimination of bronchial secretion; cuts healing time in accidental or surgical trauma; is a useful adjunctive therapy in inflammatory dermatoses; encourages healing in gynecologic conditions; reduces pain and swelling and thus promotes faster healing in urologic conditions; and reduces the extent of inflammatory changes in ophthalmic and otorhinolaryngic conditions.

We are very pleased indeed that the product has found a useful place in the range of therapeutic tools available to the doctor for management of the inflammatory process. Armour feels that enzymes are a new and exciting development in anti-inflammatory therapy; one which may well carry chemotherapeutics forward a long step.



Robert A. Hardt
President

1. Beck, C.; Levine, A. J.; Davis, O. F., and Horwitz, B.: Clinical Studies with an Oral Anti-inflammatory Enzyme Preparation. Clin. Med. 7:519, 1960. 2. Billow, B. W.; Cabodeville, A. M.; Stern, A.; Palm, A.; Robinson, M., and Paley, S. S., Clinical Experience with an Oral Anti-inflammatory Enzyme for Intestinal Absorption. Southwestern Med. 41:286, 1960. 3. Teitel, L. H.; Seigel, S. J.; Tendler, J.; Reiser, P., and Harris, S. B.: Clinical Observations with Chymotrypsin in 306 Patients. Indust. Med. & Surg. 29:150, 1960. 4. Clinical Reports to the Medical Dept., Armour Pharmaceutical Company, 1959. 5. Reich, W. J., and Nechtow, M. J.: Scientific Exhibit, Chicago Medical Society (March) 1960. 6. Taub, S. J.: Paper presented Annual Meeting Pi Lambda Kappa Medical Fraternity, Miami, Florida (March) 1960.

ARMOUR PHARMACEUTICAL COMPANY • KANKAKEE, ILLINOIS
Armour Means Protection
©1960, A. P. Co.

when the rheumatic disorder is more than salicylates alone can contro...
...and the condition requires less than steroids alone



wider latitude in adjusting dosage for better tolerated therapy

ARISTOGESIC allows an exceptionally wide latitude in adjusting dosage to the lowest effective level for relief of chronic — but less severe — pain of rheumatic origin. Combining the anti-inflammatory effects of **ARISTOCORT®** Triamcinolone with the analgesic action of a highly potent salicylate, **ARISTOGESIC** permits therapy at dosages substantially lower than generally required for either agent alone. The lower dosages permit well-tolerated therapy for long periods of time and reduce the possibility of side effects.

Aristogesic®

Steroid-Analgesic Compound LEDERLE CAPSULES

Indications: Mild to moderate cases of rheumatoid arthritis, tenosynovitis, synovitis, bursitis, spondylitis, myositis, fibrositis, neuritis, and certain muscular strains.

Dosage: Average initial dosage: 2 capsules 3 or 4 times daily. Maintenance dosage to be adjusted according to response.

Precautions: All precautions and contraindications traditional to corticosteroid therapy should be observed. The amount of drug used should be carefully adjusted to the lowest dosage which will suppress symptoms. Discontinuance of therapy must be carried out gradually after patients have been on steroids for prolonged periods.

Each **ARISTOGESIC** Capsule contains:

ARISTOCORT Triamcinolone	0.5 mg.
Salicylamide	325 mg.
Dried Aluminum Hydroxide Gel	75 mg.
Ascorbic Acid	30 mg.

Supply: Bottles of 100 and 1,000.

Lederle

LEDERLE LABORATORIES
A Division of AMERICAN CYANAMID COMPANY
Pearl River, New York

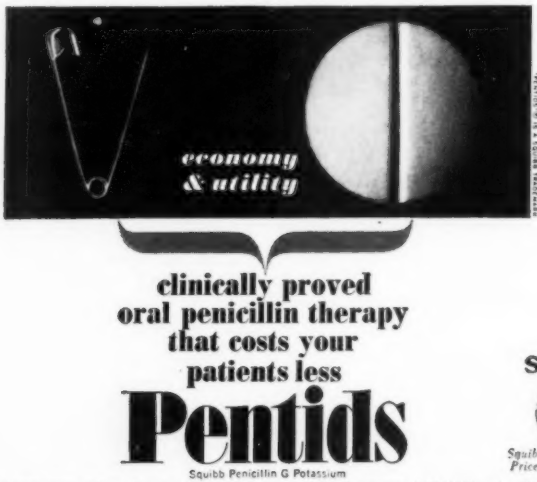
sin Medical Journal and the Milwaukee Better Business Bureau entered the picture.

Cut costs or shut up shop, Blue Shield plan is warned

A doctor-sponsored health plan has been ordered to get out of the red in one year. If it doesn't, it'll lose its latest rate increase and risk bankruptcy. This ultimatum—the first of its kind to doctors—has been handed down by the state insurance commissioner of Michigan, Frank Blackford.

The Blue Shield plan there had said that if it didn't get a 19½ per cent raise in rates, it would be more than $6,000,000 in the hole by the end of 1960. But Blackford allowed it only an 11½ per cent increase. And that'll be canceled in a year if the plan can't solve its rising cost problems.

"It's high time insurors realize that they can't keep handing the public a blank check and saying,



clinically proved
oral penicillin therapy
that costs your
patients less

Pentids

Squibb Penicillin G Potassium

SQUIBB

Squibb Quality—
Priceless Ingredi

Available in these convenient dosage forms: PENTIDS '400' TABLETS (400,000 u.) • PENTIDS '
FOR SYRUP (400,000 u. per 5 cc. when prepared) • PENTIDS TABLETS (200,000 u.) • PENTIDS
SYRUP (200,000 u. per 5 cc. when prepared) • PENTID-SULFAS TABLETS (200,000 u. with 0.5 G
triple sulfas) • PENTIDS CAPSULES (200,000 u.) • PENTIDS SOLUBLE TABLETS (200,000

XUM

to relieve inflammation fast



Seborrheic dermatitis before treatment

clinical photographs



48 hours after treatment

TOPICAL CREAM

NeoDecadron*

DEXAMETHASONE 21-PHOSPHATE—NEOMYCIN SULFATE

mg. for mg. the most active steroid topically optimal concentration for peak effectiveness...maximal contact at the site of lesion interrupts the itch-scratch cycle...helps maintain patient comfort day and night quick-acting, broad antimicrobial activity no stain, smell, or stickiness

INDICATIONS: Allergic or inflammatory dermatoses, with or without pruritus; sunburn; insect bites; otitis externa (only if the drum is intact).

CAUTION: Steroids should not be used in the presence of tuberculosis of the skin.

DOSAGE: A small quantity of NeoDECADRON Topical Cream (0.1%) is applied to the affected area 2-3 times daily.

SUPPLIED: NeoDECADRON Topical Cream is supplied in 5 Gm. (⅛ oz.) and 15 Gm. (½ oz.) tubes. Each gram contains 1 mg. of dexamethasone 21-phosphate (as disodium salt) and 5 mg. of neomycin sulfate (equivalent to 3.5 mg. neomycin base).

The cream is also available with dexamethasone 21-phosphate only, as DECADRON® Phosphate Topical Cream. Package sizes and steroid concentration are the same as above.

Additional information is available to physicians on request.

*NeoDECADRON and DECADRON are trademarks of Merck & Co., Inc.

MSD MERCK SHARP & DOHME, Division of Merck & Co., Inc., West Point, Pa.





NEW...super-smooth coated tablets
...with rapid disintegration time

improved **Natalins® tablets**

comprehensive vitamin-mineral support, pre- and post-natal

FORMERLY NATALINS COMPREHENSIVE

Developed and perfected by Mead Johnson research, the new super-smooth coating of Natalins tablets makes them even easier to swallow, even more appealing to your OB patients. And there is no interference with disintegration time—so important for assured vitamin protection. Natalins tablets provide generous amounts of iron, calcium, vitamin C, plus eight other significant vitamins for the increased needs of multiparas.

Convenient one-tablet-a-day dosage...attractive new amber bottle

...if you prefer a less comprehensive formulation

Natalins® Basic tablets...four basic vitamins and minerals

Mead Johnson
Symbol of service in medicine

'Sign here!' " Blackford explains. "The public will pay for a reasonable policy, but it won't subsidize abuses. Maybe now Blue Shield will face the fact that the responsibility is its own—not the public's—to clamp down on abuses that send up insurance costs. If they don't, the public will go elsewhere for health insurance—probably to the Government."

Dr. David I. Sugar, president of the Wayne County (Mich.) Medical Society, apparently agrees. "Blue Shield is getting so expensive that some of my patients are dropping their policies," he says. "Let's face it: Both patients and doctors are overusing Blue Shield."

Will the doctors be able to cut back by the year's end? Yes, predicts Insurance Commissioner Blackford. "Back before the war," he points out, "the doctors came up with Blue Shield to defeat the Wagner-Murray-Dingell bill. They met the challenge then, and they'll do it again." END

WE SPECIALIZE IN AUTO LEASING, DOCTOR!

(after 30 years of general practice as a major automobile dealer)

That's why from **McAlister** you always Get the **BIG 4** Assurance in Auto Leasing!

You're Sure Four Ways:

1. SURE the **price** is right!
2. SURE the **car** is right!
3. SURE the **service** is right!
4. SURE the **contract** is right!

Should **YOU** lease? As a doctor, you may have some advantages in leasing you haven't realized . . . such as leasing through your County Association. For expert information on how leasing your next car could save you time and money, phone or write today . . .

McALISTER

TOTAL *Trans-continental* LEASING

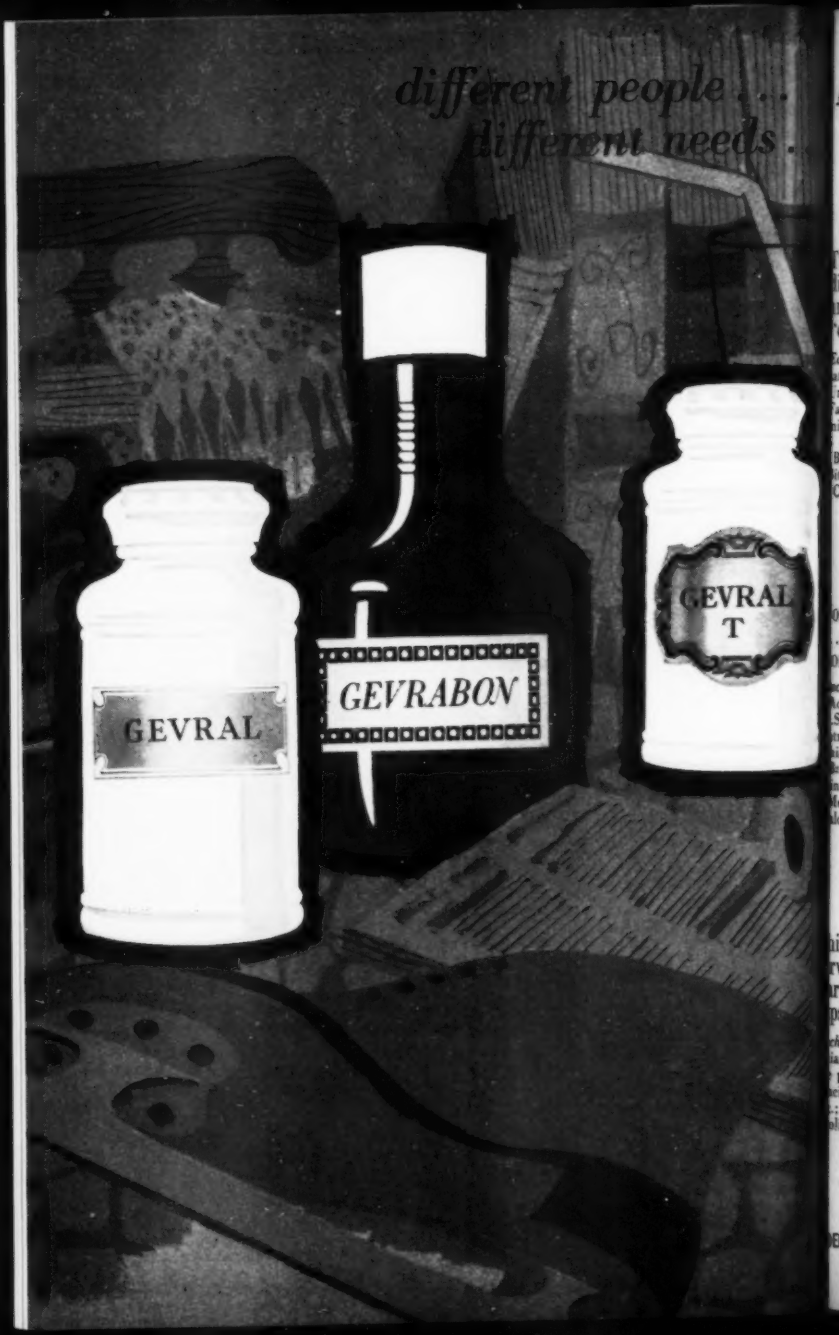
1230 Van Ness Ave.
San Francisco • PR 5-2400

By the way, we can lease you office equipment and apparatus, too!

McALISTER TRANS-CONTINENTAL LEASING
1230 Van Ness Ave., San Francisco 9.
Calif. PRospect 5-2400
(in Southern California, call HOllywood 7-3927)

Please send information about your Complete Car Leasing Service . . . all makes, all models, both import and domestic.

Name .....
Address .....
City ..... State .....


different people . . .
different needs .
GEVRAL
GEVRABON
GEVRAL
T

A complete range of Lederle Vitamin-Mineral products enables you to select a specific formula to meet specific needs

GEVRAL® CAPSULES

Vitamin-Mineral Supplement LEDERLE

This comprehensive formula is a favorite for patients who simply require a dietary supplement... assures you that the patient is obtaining all vitamins and minerals necessary for everyday needs. Each capsule is dry-filled and "oil-burp-free". One capsule daily.

Each Gevral capsule contains: Vitamin A (Acetate) 5,000 U.S.P. Units; Vitamin D 500 U.S.P. Units; Vitamin B_{12} with AUTRINIC® Intrinsic Factor Concentrate 1/15 N.F. Oral Unit; Thiamine Mononitrate (B_1) 5 mg.; Riboflavin (B_2) 5 mg.; Niacinamide 15 mg.; Pyridoxine HCl (B_6) 0.5 mg.; Ca Pantothenate 5 mg.; Choline Bitartrate 50 mg.; Inositol 50 mg.; Ascorbic Acid (C) 50 mg.; Vitamin E (as tocopheryl acetates) 10 I.U.; l-Lysine Monohydrochloride 25 mg.; Rutin 25 mg.; Ferrous Fumarate (Elemental iron, 10 mg.) 30.4 mg.; Iodine (as KI) 0.1 mg.; calcium (as $CaHPO_4$) 145 mg.; Phosphorus (as $CaHPO_4$) 110 mg.; Copper (as CuO) 1 mg.; Fluorine (as CaF_2) 0.1 mg.; Manganese (as MnO_2) 1 mg.; Magnesium (as MgO) 1 mg.; Potassium (as K_2SO_4) 5 mg.; Zinc (as ZnO) 0.5 mg.

GEVRAL® T CAPSULES

High Potency Vitamins-Minerals LEDERLE

For the nutritionally sub-par patient whose requirements are especially high, this high-potency formula is particularly recommended in severe nutritional deficiency and convalescence. Also dry-filled, one capsule daily.

Each Gevral T capsule contains: Vitamin A (Acetate) 25,000 U.S.P. Units; Vitamin D 1,000 U.S.P. Units; Vitamin B_{12} with AUTRINIC® Intrinsic Factor Concentrate 1/5 N. F. Oral Unit; Thiamine Mononitrate (B_1) 10 mg.; Riboflavin (B_2) 10 mg.; Pyridoxine HCl (B_6) 2 mg.; Vitamin E (Tocopheryl acetates) 5 I.U.; Vitamin K (Menadione) 1 mg.; Ascorbic Acid (C) 150 mg.; Calcium Pantothenate 5 mg.; Niacinamide 100 mg.; Calcium (as $CaHPO_4$) 107 mg.; Phosphorus (as $CaHPO_4$) 82 mg.; Ferrous Fumarate (Elemental iron, 15 mg.) 45.6 mg.; Magnesium (as MgO) 6 mg.; Potassium (as K_2SO_4) 5 mg.; Iodine (as KI) 0.15 mg.; Copper (as CuO) 1 mg.; Manganese (as MnO_2) 1 mg.; Fluorine (as CaF_2) 0.1 mg.; Zinc (as ZnO) 1.5 mg.; Choline Bitartrate 25 mg.; Inositol 25 mg.; l-Lysine Monohydrochloride 25 mg.; Rutin 25 mg.

GEVRABON®

Liquid Vitamins-Minerals LEDERLE

This liquid vitamin-mineral formula has a tangy, sherry flavor. It can be served plain, chilled, or poured over ice (as a refreshing appetite stimulant). Particularly pleasing to geriatric patients and others who dislike swallowing capsules. Two tablespoonfuls a day.

Each Gevrabon fluid ounce (30 cc.) contains: Thiamine HCl (B_1) 5 mg.; Riboflavin (B_2) (as phosphate) 2.5 mg.; Vitamin B_{12} 1 mcgm.; Niacinamide 50 mg.; Pyridoxine HCl (B_6) 1 mg.; Pantothenic Acid (as panthenol) 10 mg.; Choline (as tricholine citrate) 100 mg.; Inositol 100 mg.; Calcium (as Ca glycerophosphate) 43 mg.; Phosphorus (as Ca glycerophosphate) 39 mg.; Iodine (as KI) 0.1 mg.; Potassium 10 mg.; Magnesium (as $MgCl_2.6H_2O$) 2 mg.; Zinc (as $ZnCl_2$) 2 mg.; Manganese (as $MnCl_2.4H_2O$) 2 mg.; Iron (as ferrous gluconate) 20 mg.; Alcohol 18%.

Ask your Lederle Representative
for complete information on other Lederle vitamins

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.

How a peg board speeds billing

More and more offices are adopting this inexpensive business system. It's 'like having an extra girl,' says one M.D.

By Horace Cotton

Would you pay 3 cents for stationery that would enable your aide to start a patient's charge slip, enter his visit in your daybook, make out an itemized bill, receipt it, post his account card, and give him a reminder of his next appointment—all in a single speedy operation? Would you lay out 2½ cents more if, for that amount, she could prepare the same patient's month-end statement (without help from pen or typewriter) in two seconds flat? And if she were able to do the job far more accurately than she can by means of her current enter-it-here-and-then-copy-it-there bookkeeping methods?

Doctors who are using peg boards and copiers say they get all the above advantages. In addition, they report their aides are less harassed; their collections have improved; and their exposure to possible embezzlement has lessened.

What *is* a peg board? It's nothing new. More than two years ago, this magazine published an article describing and illustrating the system.* At that time, the boards weren't widely used in doctors' offices. Today, they're not only better known; at least five such systems have been designed specifically for medical-office use. One of them has been installed in 120 offices during the past year.

A peg board—any peg board—is a flat metal sheet with metal pegs along one or both sides. The one in

*See "Easy Way to Get Full Financial Records," MEDICAL ECONOMICS, March 17, 1958.

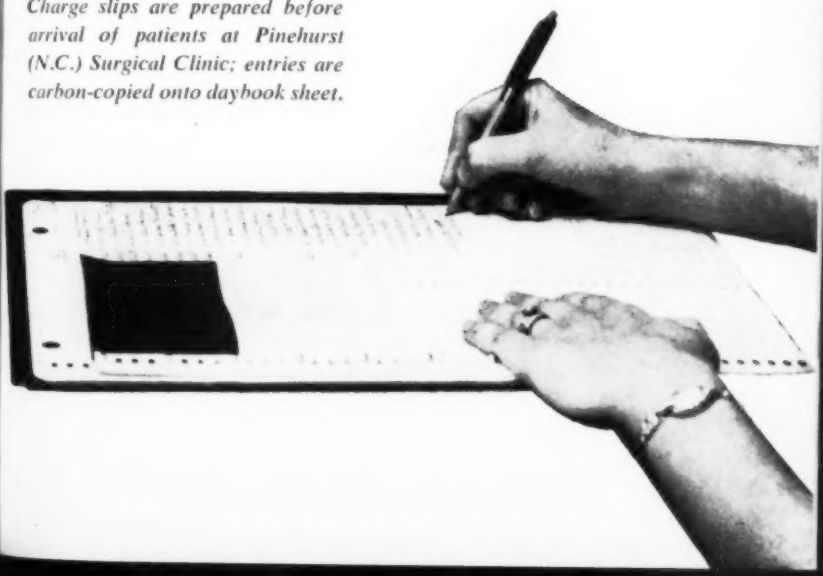
the accompanying illustration has pegs down the left-hand side. It measures only 12" x 14", so there's loads of room for it on even the smallest desk or table-top. The pegs stick up a quarter-inch above the surface of the board. Their function is to hold multiform stationery immovable while in use.

The board shown here costs $10. But that price doesn't include any of the special stationery needed for peg-board bookkeeping. That's where the 3 cents comes in. The following types of stationery, custom-printed, are essential:

▶ Daybook sheets. The daybook is the physician's prime financial record. Into it must go an entry of every monetary transaction with patients. It should show all charges and payments; and it should indicate what the charges were for and where the payments came from. A daybook sheet goes onto the peg board first.

▶ Carbon paper. Like the daybook sheets, these are "holed" to fit over the pegs. A carbon sheet is positioned on top of the daybook sheet. All daybook entries are therefore *carbon* entries.

▶ Multipurpose forms on which charges and payments are recorded. In the system shown here, these forms have two distinct sec-



Charge slips are prepared before arrival of patients at Pinehurst (N.C.) Surgical Clinic; entries are carbon-copied onto daybook sheet.

tions. One is a charge slip (right-hand portion). The other is a combination itemized bill, plus a receipt for payment, plus an appointment reminder (left-hand portion). Each form is perforated in two places: The right-hand perforation allows the charge slip to be detached; the left-hand perforation permits the other part to be separated from the center.

The multipurpose forms are arranged so that their edges overlap, like the shingles on a houseroof. The back of the top line of each form is carbonized. Thus, any entry on this top line is transmitted by the carbon onto any paper or card placed underneath it.

▶ Ledger cards for patients' accounts. The patient's ledger card is your secondary financial record. It

How to use a peg board

Your aide opens the morning mail. She pulls the checks, endorses them, and sorts them into alphabetical order. Then she pulls the ledger cards to which the payments are to be posted.

She now loads the peg board with a daybook sheet, a carbon sheet, and shingled slips. And she slides the first ledger card under the top receipt so that the next blank line of the card matches the top line of the receipt.

On the top line of the charge slip, she writes the payee's name and present balance. Next she writes the date, method of payment, amount, and new balance on the receipt. This done, she removes the ledger card and detaches the receipt.

She has now entered the daybook and posted the ledger card. And she has a receipt showing the patient's current balance.

This procedure is repeated for all mail payments. Then, as

must show every transaction with the patient whose name is on it. The details entered on a given card must naturally tally with the daybook entries for that patient.

Each ledger card is positioned —as needed—beneath the left-hand portion of the shingled slip. Ledger-card entries are therefore carbon copies of data written on the top line of the shingled slip.

Other equipment required for a peg-board system: a tray-type file for active ledger cards, a binder for completed daybook sheets. Later, as these are filled, storage files and storage binders will be needed for permanent retention of the cards and sheets.

How much money would you have to spend on the four types of stationery? Here's the approximate

soon as the doctor arrives, the aide asks him about the work he has done since leaving the office yesterday. With the information he gives her, she follows the same routine as with payments by mail.

The aide is now ready for the normal office day. She starts with the list of the day's appointments. She pulls ledger cards to match the list, and she starts cards for new patients.

As each patient arrives, she writes a charge slip for him, detaches it, and paper-clips it to his chart. This goes with the patient to the doctor, who marks his charges on the slip. The patient then brings the charge slip back to the aide, who proceeds exactly as she did with the mail and house-call payments.

After the receipt has been detached, the aide fills in the date and time of the patient's next appointment. She gives this slip to the patient whether he pays or not. If he pays, it's his *receipt*. If he doesn't pay, it's his *bill*. Either way, if he has another appointment, it's his *reminder*.

XUM



Urologist Duwayne D. Gadd (left) of Pinehurst, N.C., makes out a charge slip. It will be taken by the patient to the business office. At the end of the day, all slips issued will be accounted for, the daysheet (right) will be totaled, and the cash reconciled. All the entries on the daysheet are in carbon, corresponding exactly with the entries that have been made on charge slips, receipts, and ledgers.

annual cost for a solo G.P. who handles an average of 30 patients a day:

Item	You use (daily)	You buy (yearly)	They cost
Daybook sheets	2	500	$ 25
Carbon sheets	2	500	9
Shingled slips	40	10,000	253
Ledger cards	4	1,000	25
Total			$312

As you see, it takes $312 worth of supplies to handle 10,000 transactions on the board I've been discussing. That's an average of 3.1 cents per entry.

You may be wondering why I estimate your consumption of the shingled slips at 40 a day, when I stipulated that my quantities are based on an average daily patient-load of 30. The reason: The number of patients seen isn't the index to your volume of postings. A single original *service* can mean several *transactions*, each requiring a slip. Look at this:

John Jones	Charge	Paid	Bal.
4/15 Surgery	$300	—	$300
5/10 Insurance		$150	150
1/1 Personal check		50	100
7/1 Personal check		50	50
8/1 Personal check		50	0

There was only one original service for John Jones. But four



separate payments used up four shingled slips. So most doctor-users of the boards figure that it takes an average of at least one and one-third postings for each service.

As for the cost of the basic kit that goes with the sheets, slips and cards, most doctors find that they need two peg boards at $10 each, a $31.75 tray-file, a set of guide cards at $8.50, and a daybook binder at $10.45. That comes to a total outlay of $70.70 for the starting kit.

If you're like many doctors I know, your present spending on stationery for recording patients' charges and payments doesn't rise above $50 or $60 a year. You use a conventionally bound daybook and standard-type ledger cards. What will the peg board do that justifies your spending five or six times as much—not to mention the cost of the starting kit?

If I had to pick out one dominant advantage of the system, I'd pick this: *It eliminates deferred posting.*

That's what I call it when your ledger cards are posted after office hours each day, or on the following morning, or even several days later. Except in offices that are large enough to have a full-time bookkeeper, posting ledger cards is the most tedious and time-consuming of all the aide's jobs. Peg-board posting is *current post-*

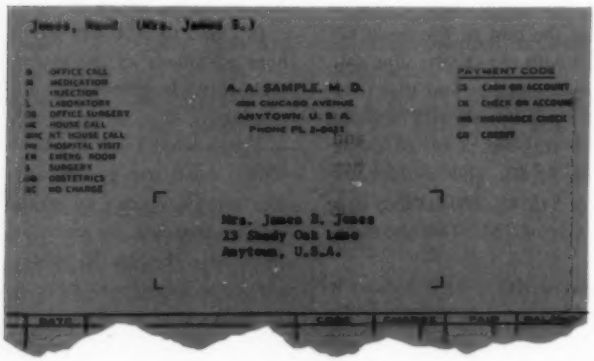
ing—a by-product of the daybook entries. The time saved by getting rid of deferred posting is a big payoff.

And there are other big advantages:

1. The peg board is easy to operate. Your aide can use it fifteen minutes after she first sees it. In a North Carolina clinic with 200 postings a day, the regular girl wasn't able to come to work one morning. The business manager's wife, who had never seen the sys-

Codes simplify peg-board entries

Peg-board forms use standardized code symbols to denote type of service and mode of payment. Provision is made for special entries (e.g., "No Charge," "Error Corrected," "Professional Discount"). Users select appropriate symbols and include them in their ledger cards, as in the example below:





High-concentration topical salicylate-menthol therapy (BEN-GAY) offers safe, penetrating relief of painful joints and muscles resulting from overexertion.

New, objective evidence:

A double-blind study[1] has reaffirmed the exceptional efficacy and safety of conservative, local treatment of chronic rheumatic disorders with BEN-GAY® (BAUME BENGUÉ), a high-concentration salicylate-menthol compound.

The local and systemic effects of BEN-GAY were evaluated by entirely objective methods in 211 subjects of both sexes suffering from various types of chronic arthritis, bursitis, neuralgia, myalgia and lumbago. Changes in range of joint motion were determined by goniometer and by flexion. Topical application of BEN-GAY measurably improved articular function in 94% when physical therapy was also used, and in 61% without adjunctive treatment. Efficient absorption of salicylate through the skin was indicated by an average urinary excretion of 15 mg. in 24 hours. No ill effects were reported or observed.

Benefits of Topical Salicylate

in chronic rheumatic disease

Menthol-induced hyperemia plus high local concentration of salicylate has been recently rediscovered as one of the safest and most promptly effective remedies for rheumatoid discomfort due to exposure.



This controlled study offers new evidence of the efficacy and safety of local treatment of chronic rheumatic disease with BEN-GAY, one of the safest and most reliable formulae at the physician's disposal. BEN-GAY is available in two strengths, *Regular and Children's*. THOS. LEEMING & CO., INC., 155 East 44th St., New York 17, N.Y.

[1]Brusch, C.A., et al.: Md. State Med. J.; 5:36, 1956.

***More efficient salicylate penetration* of treated area and quicker relief of pain is now made possible by the water-washable GREASELESS-STAINLESS BEN-GAY.**

XUM

tem before, operated it faultlessly all day.

2. It eliminates transcription errors. When figures are transcribed from daybook to ledger card, and from ledger card to monthly statement, mistakes can and do occur. With a peg board, the original entry on the shingled slip is carbon-copied onto book and card.

3. It minimizes the risk of original error. Reason: The patient has a chance to spot a mistake at the time it's made. He can examine his fully itemized bill right there in your aide's presence. And he usually does, too—just as he examines the check in a restaurant. If a mistake has been made, he can have it rectified immediately, before he leaves the office.

4. It does away with the need to list checks on bank deposit slips. The daybook sheet lists all the day's receipts in detail. Receipts are totaled at the foot of the page. The figures have been proved and the collections have been checked out. So your aide needn't take the time to write out a long deposit slip for the bank.

5. It makes embezzlement more difficult. Whenever this subject is mentioned, some aides resent it. They shouldn't. Every doctor has a 1 in 20 chance of losing money to a light-fingered secretary sometime during his professional life. You simply have to take notice of this unpleasant statistic; it can't be ignored.

The commonest way in which a dishonest girl reaches into the physician's till is this: She posts the daybook to show a charge, but she doesn't post the payment. The cash goes into her pocketbook. But she's careful to post the ledger card "Paid," because that protects her against being forgetful and sending a bill to the patient. Since doctors almost never check ledger cards against daybooks, a girl who isn't too greedy can get away with such thievery for years.

With the peg-board system, the daybook and the card *must* agree. If she later alters the card or the book, she'll be taking a big risk; no very close scrutiny is needed to show up any tampering with carbon entries. So the board discourages the potential embezzler.

6. It's an ideal way to produce monthly statements by means of copying-equipment. When you use copies of your peg-board-produced ledger cards as month-end state-

Have you noted
ready acceptance when

MEAT is stressed in calorie-control programs?

Meat packs pleasure into the diet. A real factor in the lengthening of the average life of Americans is the correct understanding of diet control.

Protein is a most important essential in calorie-controlled programs. It is also the answer to often needed appetite appeal.



MEAT adds zest
to controlled diets

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO • MEMBERS THROUGHOUT THE NATION

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

ments, you knock the stuffing out of the month's most hated chore. Not only can the system cut billing *time* by 75 per cent; it can reduce the *expense* of billing considerably. The materials for billing by copying machine average out at 2½ cents per statement.

An Iowa physician who bought a dry-heat copier for about $300 and then started using the peg-board-and-copier combination for all bookkeeping and billing work says this: "After only a year or so, the $300 copying machine has more than paid for itself, because I use it along with the peg board. It's like having an extra girl in the office. Our posting is always up to date, and the month-end work that used to take a week is now done in three or four hours."

But before you rush off an order for a peg-board installation,* pause and reflect. It's entirely possible that your office would do better with machine posting of ledger cards and simultaneous production of statements. I won't try to explain here why this might be so. It's enough to say that if you have a substantial number of postings per day, you'll do well to confer with your accountant or business consultant.

Why not ask him for his views on the best system for your needs? Then act according to your own best judgment. END

*Peg-board systems designed for physicians are manufactured by: Mastercraft, Inc., Kalamazoo, Mich.; Latta's, Inc., Waterloo, Iowa; Medical Management Control, San Francisco, Calif.; Royal McBee Corp., Port Chester, N.Y.; C. R. Hadley, Los Angeles, Calif. The estimates of cost in the accompanying article refer to Mastercraft equipment. Other peg-board systems that can be *adapted* for use in medical offices are produced by: Norfield Methods and Procedures, Inc., Oak Park, Ill.; Pacific Business Forms, Santa Monica, Calif.; Post-Rite Systems Co., Dayton, Ohio; Remington Rand, New York, N.Y.; Speedograph, Inc., Chicago, Ill.; Visirecord, Copiague, N.Y.

One way to file records: Use numbers and alphabet

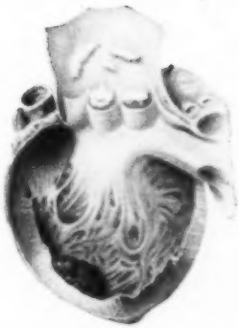
Do you now file both medical and financial records alphabetically? You'd be better off if you switched to a combined numerical and alphabetical system, says Dr. Frank R. Peterson of Butte, Mont. Here's how his own cross-reference system works:

Financial records are filed *alphabetically* on 5" x 8" cards. A card is made out for the head of a family and filed under his name; all patients from the family are listed on the same card. A number in the top right-hand corner serves



IN ANGINA PECTORIS AND CORONARY INSUFFICIENCY

... treatment should also control the patient's ever-present anxiety about his condition.



AFTER MYOCARDIAL INFARCTION

... the disabling fear and anxiety that invariably accompany the condition must also be reduced.

Protects your coronary patient better than vasodilation alone

Unless the coronary patient's ever-present anxiety about his condition can be controlled, it can easily induce an anginal attack or, in cases of myocardial infarction, considerably delay recovery.

This is why Miltrate protects the heart better than vasodilation alone in coronary artery disease. Miltrate contains not only PETN (pentaerythritol tetranitrate), acknowledged as basic therapy for long-acting vasodilation. What is more important – Miltrate provides Miltown, the tranquilizer of *proven* effectiveness in relieving anxieties, fear and day-to-day tension.

Thus, your patient's cardiac reserve is protected against his fear and concern about his condition ... and his operative arteries are dilated to enhance myocardial blood supply.

Miltrate®

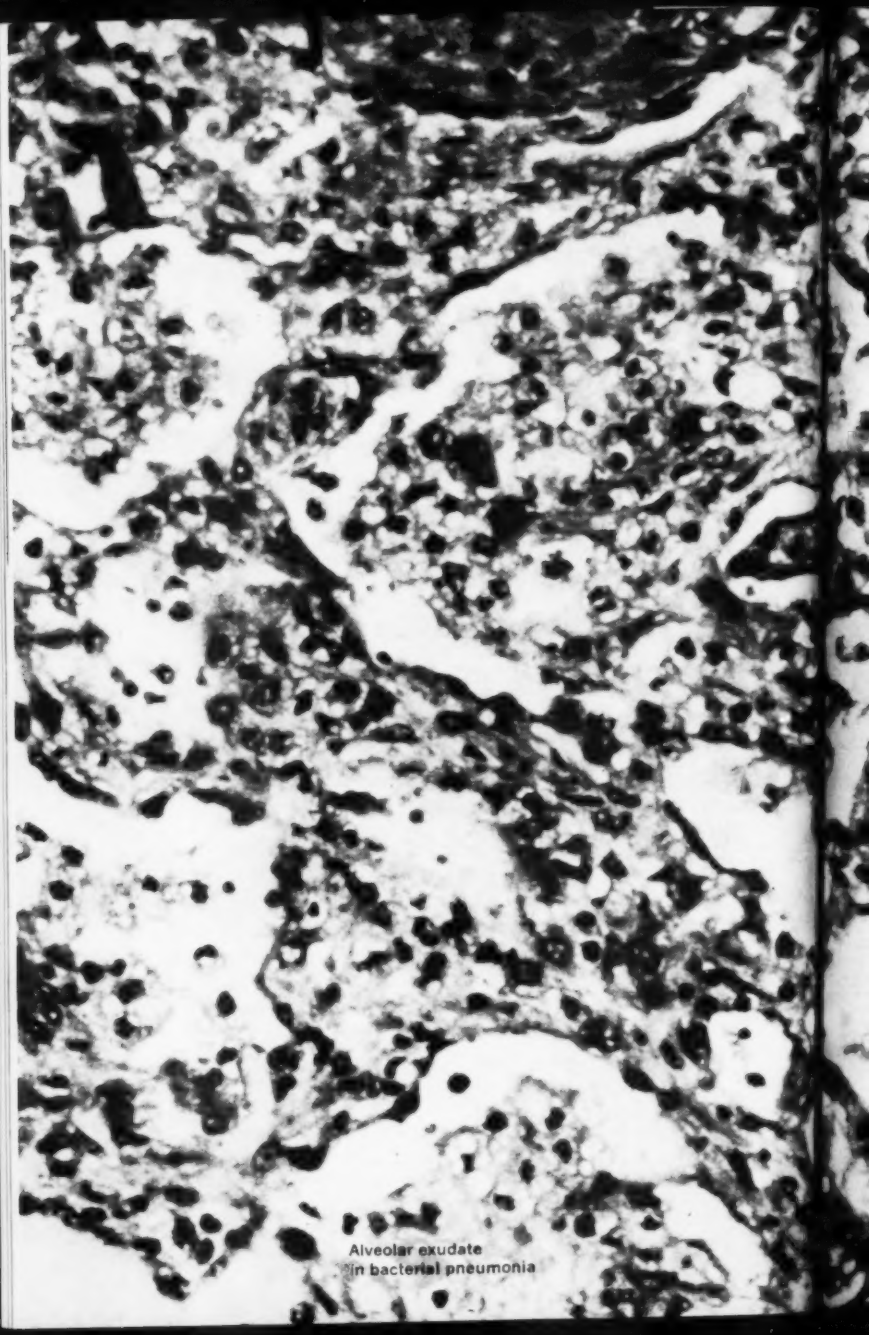
Miltown® (meprobamate) + PETN

Supplied: Bottles of 50 tablets. Each tablet contains 200 mg. Miltown and 10 mg. pentaerythritol tetranitrate.
Dosage: 1 or 2 tablets q.i.d. *before meals* and at bedtime, according to individual requirements.

CML-15-9

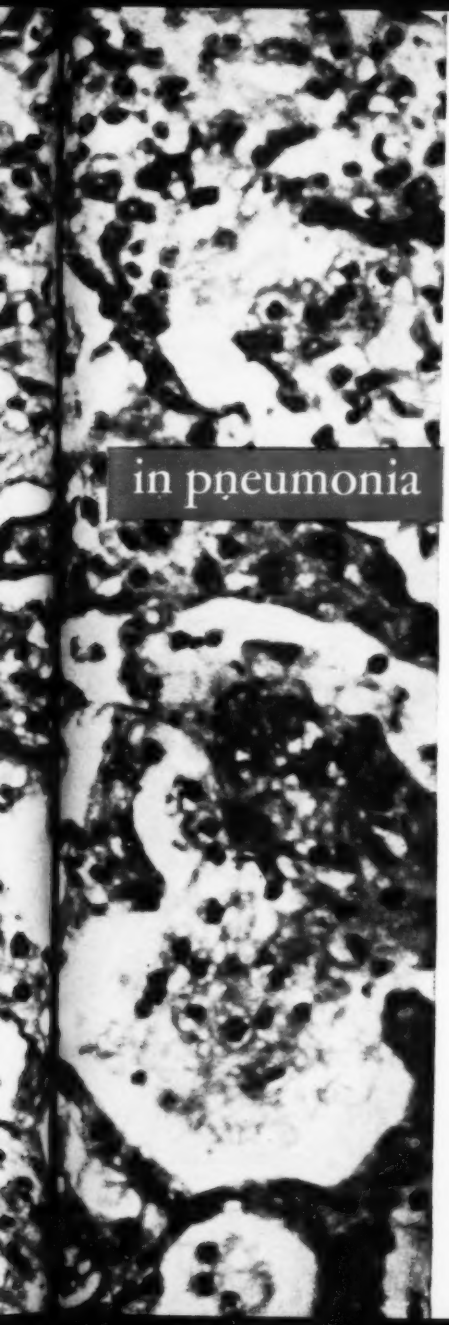
WALLACE LABORATORIES/*Cranbury, N.J.*

XUM



Alveolar exudate
in bacterial pneumonia

XUM



Therapeutic confidence

Panalba is effective against more than 30 commonly encountered pathogens including staphylococci resistant to other antibiotics. Right from the start, prescribing it gives you a high degree of assurance of obtaining the desired anti-infective action in this as in a wide variety of bacterial diseases.

Supplied: Capsules, each containing Panmycin* Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 16 and 100.

*Trademark, Reg. U. S. Pat. Off.

The Upjohn Company Kalamazoo, Michigan

Upjohn

Panalba*

your broad-spectrum antibiotic of *first* resort

XUM

as a cross-reference to the family's medical records.

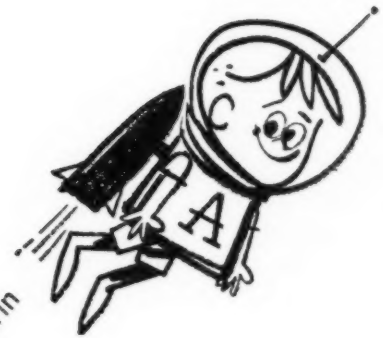
Medical records are filed *numerically* in 9" x 12" manila folders. All members of a given family have the same number. But a different letter of the alphabet is also assigned to each individual in a family (e.g., 386-A, 386-B, and so on).

The advantage of Dr. Peterson's system, as he explains it, is threefold:

First, since the aide must look up a patient's financial card in order to find the number of his medical record, she and the doctor are kept alerted to the whole family's financial status. Secondly, the system saves time, since filing by number is faster than filing by name. (It's quicker, for example, to find the place for Number 2641 than to drop Brnznosky into the right slot.) Finally, the risk of misfiling is cut down when only one of the two kinds of record is filed alphabetically. END



© MEDICAL ECONOMICS



when MAALOX® is added to aspirin
serum salicylate soars

...for more effective pain relief

Ascriptin (RORER)

particularly suited for arthritic patients

Combining the antacid MAALOX® with aspirin increases both absorption and utilization of the salicylate. As a result, ASCRIPTIN acts twice as fast as plain aspirin and analgesic action lasts much longer due to maintenance of higher plasma salicylate levels.

Gastric irritation seldom occurs with ASCRIPTIN even when large doses are given over prolonged periods.

Of particular value in arthritis and rheumatic disease, ASCRIPTIN is an excellent salicylate for routine use.

Formula: Acetylsalicylic acid 0.30 Gm., MAALOX (magnesium-aluminum hydroxides) 0.15 Gm. Offered: Bottles of 100 and 500.

WILLIAM H. RORER, INC.
Philadelphia 44, Pa.

Savings and loan rates are expected to drop

The dividends you can get on a savings and loan account will probably be cut before long. The 4 and 4½ per cent rates now being offered in many parts of the country may be pared this fall or early in 1961.

Generous dividends have been luring more than half the nation's new savings into savings and loan associations. But the associations are having trouble investing all that money profitably. The United States Savings and Loan League reports that new deposits are running well ahead of new investments. And housing starts the first half of this year dropped 19 per cent from the same period of 1959. The League reports that the outlook for the months ahead is "not buoyant." So all that uninvested cash piling up means that some savings and loan associations will have to reduce their dividends soon. END

even
"ladies"
like
cherry-flavored
VI-TYKE®
LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl (B_1) 1.5 mg. • Riboflavin (B_2) 1.5 mg. • Pyridoxine HCl (B_6) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin B_{12} 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthenol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form:
PEDIATRIC DROPS—50 cc. bottle.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.



THE FIRST CLINICAL SYMPOSIUM

ON THE TREATMENT OF VIRAL DISEASES

WAS HELD IN MIAMI ON

SEPTEMBER ONE, NINETEEN HUNDRED AND SIXTY

THE ANTI-VIRAL PROPERTIES OF THE DRUG

reticulose®

LIPOPROTEIN-NUCLEIC ACID COMPLEX

WERE PRESENTED IN OVER

FOUR HUNDRED CASES OF VARIOUS VIRAL INFECTIONS

a complete transcription of the symposium is available upon request

CHEMICO LABORATORIES, INC.

7250 NORTHEAST FOURTH AVENUE, MIAMI, FLORIDA

XUM

The scientific man in society

Condensed from "The Western Mind in Transition" by Franz Alexander, M.D.



There has been a radical change in the scientist's place in present-day society. He has come down from his Olympian seclusion to teach man the secret of fire. In my own lifetime, the emphasis has shifted from knowledge as an aim in itself to building, producing, and curing—the advancement of general welfare.

The profound influence of scientific discoveries upon social life can be justly considered as the most outstanding fact of our times. No aspect of life remains unaffected by the advancement of the natural sciences. Science has changed our view of the universe and our social, economic, and political relations. It affects our health, our life expectancy, our habits and comforts, our family relationships, and our feelings toward each other and toward ourselves.

The intimate correlation between scientific advancement and rapid social change has become most apparent during the last 150 years. The influence of electricity, the combustion engine, electronics, and atomic discoveries, along with automation and mass production, have completely transformed all aspects of our life.

Philosophers, historians, economists, and political scientists have long been aware of this profound social effect. But it required the dramatic example of the atomic bomb to impress the general public. Suddenly, the forgotten man of the laboratory came into the limelight.

Not only did the general public discover the scientist, but the Government did, too. The development of science became the concern of the Government; Federal subsidy, or-

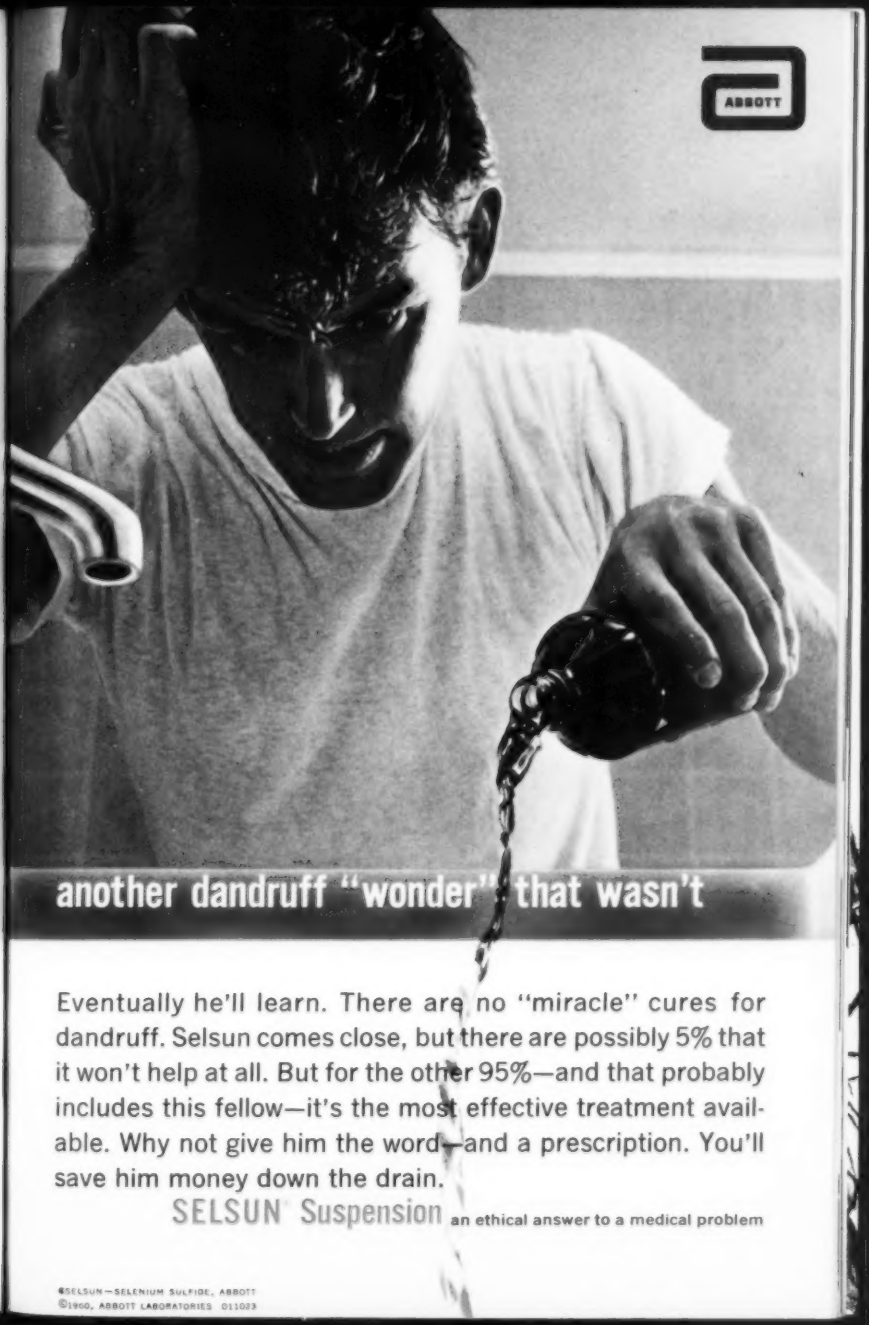
Reprinted by special arrangement with Random House, Inc. Copyright © 1960 by Franz Alexander, M.D.

'The lifeblood of science is freedom'



"The last fifty years have seen the first profound ideological revolution since the Renaissance," says Dr. Franz Alexander. In this chapter from his latest book, the noted psychoanalyst and social philosopher describes the changes he believes have taken place in the relationship of the scientific man with society. "It is preposterous to try to chart the growth of scientific knowledge. Science cannot be blueprinted," he observes. But, . e adds, "today's society demands that the scientist concentrate on human comfort and welfare. This could result in a standstill of scientific development." Franz Alexander has long been a spokesman for his fellow psychoanalysts, first as director of the Chicago Institute for Psychoanalysis, now as director of similar activities at Mt. Sinai in Los Angeles. He is a founder and editor of the Journal of Psychosomatic Medicine.

ganization, and planning of scientific research became the foremost topic of the decade after World War II. The scientist had finally produced something tangible. His importance to the fate of nations became obvious to even the most unsophisticated mind. As physical research became public concern, both the anonymity and autonomy of the scientist


ABBOTT
another dandruff "wonder" that wasn't
Eventually he'll learn. There are no "miracle" cures for dandruff. Selsun comes close, but there are possibly 5% that it won't help at all. But for the other 95%—and that probably includes this fellow—it's the most effective treatment available. Why not give him the word—and a prescription. You'll save him money down the drain.
SELSUN® Suspension an ethical answer to a medical problem
®SELSUN—SELENIUM SULFIDE, ABBOTT
©1960, ABBOTT LABORATORIES 011023

XUM


ANEMIA OF
ADVANCING AGE
another indication for
Filmtab®
Iberol
(Intrinsic Factor Concentrate, B12, Iron, With other Vitamins, Abbott)
potent antianemia
therapy plus the
essential B-complex
2 IBEROL FILMTABS A DAY SUPPLY
The right amount of Iron
Ferrous Sulfate, U.S.P.....1.05 Gm.
(Elemental Iron—210 mg.)
Plus the Essential B-Complex
Vitamin B12 with Intrinsic Factor
Concentrate.....1 N.F. unit (Oral)
*Folic Acid..... 2 mg.
Liver Fraction 2, N.F.....200 mg.
Thiamine Mononitrate..... 6 mg.
Riboflavin..... 6 mg.
Nicotinamide..... 30 mg.
Pyridoxine Hydrochloride..... 3 mg.
Calcium Pantothenate..... 6 mg.
Plus Vitamin C
Ascorbic Acid.....150 mg.
*Filmtab—Film-Sealed Tablets, Abbott
*Folic Acid does not control neurological symptoms of pernicious anemia.
©1960, ABBOTT LABORATORIES, 01.10JK
ABBOTT

came to an abrupt end, and secrecy was introduced into a field whose lifeblood had been free communication. In place of individual creativity, the practical applications of what is already known became the paramount concern, if not of the scientists themselves, at least of the political authorities.

The result: widespread popular misunderstanding about scientific research and a serious conflict within the personality of the scientist himself. Social prestige has tempted many "pure scientists" into administrative or executive assignments, thus giving them an opportunity to share public esteem with businessmen and politicians.

In my analytic work, I have had repeated opportunity to observe the conflict brought about by the scientist's new social role. One example was a leading natural scientist, who was also the son of a well-to-do businessman. In spite of his achievements and some fame, he felt like an outsider in his affluent family circle and among his friends. Even after he had become successful in his own field, he retained a predilection for mixing with and imitating businessmen, and he relied to a great degree on the traditional symbols of social status—large expensive automobiles, sumptuous dinner parties, and so on.

In time, he gave in to invitations to join important administrative and political committees, and more and more of his time was spent away from science. Even though he disliked the work, he accepted it, for he felt that in American society only business or political success supplied the social recognition he wanted. Now, at last, he became equal in importance to his father and younger brother in the eyes of his older friends and the general public.

But gradually the conflict between his scientific interests

XUM

and his desire for social prestige assumed neurotic proportions, and he sought psychiatric help. During treatment he spoke often about many fellow scientists who had a similar problem. They had started out as promising and dedicated research workers, and had then yielded to the same temptations. He asked himself: What will happen to scientific advancement if the best brains become thus deflected from their original creative careers?

In spite of the interest of the general public in science, only one obvious fact seems to be appreciated by the general public: that there can be a practical application of the basic sciences—mathematics, physics, and chemistry—to industry. But technological development, important though it is, is *not* the first link in the chain of events by which science influences society. The most important scientific developments take place *before* knowledge is converted into practical use.

The first century and a half of scientific development after the Renaissance had no great transforming effect upon society; and the work of Galileo, Copernicus, Kepler, Newton, and Dalton did little to change the lives of the people. Scientific knowledge was advanced for its *own* sake. But toward the close of the eighteenth century, as with an explosion, the theoretical knowledge of the pure scientists began to exert its cumulative effect upon society. It was put to practical use in the form of technology.

The same process continued during the nineteenth century, as progress in science and technology gained momentum. Pure scientific research preceded the electric bulb, the telephone and telegraph, the dynamo, and radio. Understanding of atomic structure and radioactivity prepared the

contain the bacteria-prone cold

Tain

(Triacetyloleandomycin, Triaminic® and Calurin®)



inner protection with...

safe antibiosis

Triacetyloleandomycin, equivalent to oleandomycin 125 mg. This is the URI antibiotic, clinically effective against certain antibiotic-resistant organisms.

fast decongestion

Triaminic®, 25 mg., three active components stop running noses. Relief starts in minutes, lasts for hours.

well-tolerated analgesia

Calurin®, calcium acetylsalicylate carbamide equivalent to aspirin 300 mg. This is the freely-soluble calcium aspirin that minimizes local irritation, chemical erosion, gastric damage. High, fast blood levels.

TAIN brings quick, symptomatic relief of the common cold (malaise, headache, muscular cramps, aches and pains) especially when susceptible organisms are likely to cause secondary infection. Usual adult dose is 2 Inlay-Tabs, q.i.d. In bottles of 50. ℞ only. Remember, to contain the bacteria-prone cold ...TAIN.

SMITH-DORSEY • Lincoln, Nebraska
a division of The Wander Company

XUM

way for the atomic bomb. Because of its dramatic nature, the construction of the bomb captured universal interest.

But the general public overlooked an important fact—that the *knowledge* that made the bomb possible had been acquired by men exclusively interested in learning about the nature of the atom. These scientists were completely unconcerned about possible practical applications.

Most people today look upon the scientist as a man whose primary concern is to discover things that make human life easier and healthier, or make war more destructive. Nothing is further from the truth. Such a view overlooks the most important phase of science, the creative phase—the detached search for knowledge for its own sake. Application of this basic knowledge to practical use is only secondary. And the current misconception could lead eventually to a complete standstill of scientific development.

The crucial question today is, what makes the scientist tick? Let's turn first to a controversy among scientists themselves over the issue of freedom of science. It begins, for our purposes, among British scientists in England during the Thirties. One side claimed that scientific research must be centrally planned and directed in order to serve the promotion of human welfare; the other upheld the autonomy of science. The result was the formation of the Society for Freedom in Science.

The need of scientists for autonomy in research was again challenged after Hiroshima, and it is still an open issue. The atomic bomb came as a demonstratio ad oculos of what dangerous results scientific research might produce. The violent controversy about military versus civilian control was only one aspect of the whole issue of public control of

How fresh Sunkist lemons can help overcome

the palatability problem in restricted diets

The relative unpalatability of special diets often leads to dissatisfaction and even "cheating." The juice of fresh Sunkist lemons has been found most useful in improving the palatability of these 3 common regimens:

1. Weight Reduction Diets—Many dieters find that a dash of fresh Sunkist lemon juice makes a tasty substitute for fattening sauces and dressings. Only 4 measly calories per tablespoonful.

2. Low Sodium Diets—A squeeze of fresh Sunkist lemon compensates for the lack of salt and livens up the flavor of meats, fish, vegetables, etc. Virtually free of sodium, Sunkist lemons have a generous supply of potassium.

3. Bland Diets—A little fresh Sunkist lemon juice adds a lot of zest to a wide variety of foods, helps dieters tolerate better the absence of spices and seasonings.

Sunkist *fresh lemons*



Special offer!

"The Low Sodium Fat-Controlled Cookbook—Special Sunkist Edition," by Alma Smith Payne, and Dorothy Callahan, former research dietitian, Massachusetts General Hospital, with introduction by Francis L. Chamberlain, M.D., M.Sc.D. Valuable guide for low-sodium patients. 480 pages, hundreds of recipes. Available from Sunkist at special price of only $1.50 (regular edition $4.00).

Sunkist Growers, Section 11111
Box 2706
Terminal Annex
Los Angeles 54, California

Please send me postpaid_____copies of *The Low Sodium, Fat-Controlled Cookbook*. I enclose a check or money order for $_____(send $1.50 for each copy ordered).

Your Name_____

Address_____

City_____Zone____State_____

XUM

atomic research. Overlooked once again was the fact that research in pure science differs psychologically and in social implication from research in applied science.

Defenders of the freedom of science argue that practical achievements are based on pure research that has no practical utility as a goal. The motive force is curiosity. Only applied science—the use and application of what is already known—can be centrally planned and organized. This is the liberal view.

The totalitarian view, on the other hand, advocates the central planning and organization of all science to serve particular ends. If this view were widely adopted, it would defeat its own aim, because further technical advancement would gradually stop. Nations that adopted such a policy could live for a while on the basic discoveries of scientifically free countries, but the use of scientific truth for practical purposes only would soon exhaust itself. In cultures where science remained free and in the hands of the scientists themselves, basic knowledge would increase and thus prepare the way for new practical applications.

The liberal approach is that fundamental research in the pure sciences must be left completely to the initiative of individual scientists. Otherwise, one must postulate the impossible: an all-wise central body, composed of leading scientists, that could decide what specific research should be undertaken to promote human welfare.

Those who incline toward the other view seem to believe that scientific research, which has traditionally been left to individual initiative, should follow a different pattern now. "Can it not be streamlined, rationally planned, coordinated?" they ask. "Can it not make use of the country's best



keep blood flowing to aging extremities for 12 hours

WITH JUST 1 PRISCOLINE® LONTAB®

Priscoline, the reliable vasodilator, is now available in unique long-acting form —Lontabs. Indicated in arteriosclerotic peripheral vascular diseases, Raynaud's disease, thromboangiitis obliterans, postoperative and postpartum thrombophlebitis, and other conditions marked by impaired circulation to the extremities. Complete information available on request. SUPPLIED: Priscoline Lontabs, 80 mg. (15 mg. outer shell, 65 mg. inner core).

CIBA
SUMMIT, NEW JERSEY

PRISCOLINE® hydrochloride (tolazoline hydrochloride CIBA) LONTABS® (long-acting tablets CIBA)
2/2812MK

XUM

New, more effective analgesic

Kills pain



XUM

stops tension

For neuralgias, dysmenorrhea, upper respiratory distress, and postsurgical conditions... new compound kills pain, stops tension, reduces fever –gives more complete relief than other analgesics.

Soma Compound is an entirely new, totally different analgesic combination that contains three drugs. First, Soma: a new type of analgesic that has proved to be highly effective in relieving both pain and tension.* Second, phenacetin: a "standard" analgesic and antipyretic. Third, caffeine: a safe, mild stimulant for elevation of mood. As a result, the patient gets more complete relief than he does with other analgesics. Soma Compound is nonnarcotic and nonaddicting. It reduces pain without impairing the natural defense reflexes.*

NEW NONNARCOTIC ANALGESIC

soma® Compound

Composition: Soma (carisoprodol), 200 mg.; phenacetin, 160 mg.; caffeine, 32 mg. **Dosage:** 1 or 2 tablets q.i.d. **Supplied:** Bottles of 50 apricot-colored, scored tablets.

NEW FOR MORE SEVERE PAIN

soma® Compound + codeine

BOOSTS THE EFFECTIVENESS OF CODEINE: Soma Compound boosts the effectiveness of codeine. Therefore only ¼ grain of codeine phosphate is supplied to relieve the more severe pain that usually requires ½ grain. **Composition:** Same as Soma Compound plus ¼ grain codeine phosphate. **Dosage:** 1 or 2 tablets q.i.d. **Supplied:** Bottles of 50 white, lozenge-shaped tablets; subject to Federal Narcotics Regulations.

WALLACE LABORATORIES • Cranbury, N. J.

**References available on request.*

XUM

minds for exploring and deciding what fields should be studied and what steps taken?"

Proponents of centrally organized research believe that the methods and mentality of industry and large-scale business should be applied to scientific research. They look upon the past history of science as the "horse and buggy" era; and they ask why our concept of research should be fashioned by Newton's apple and Galvani's froglegs. Why not replace luck and that overrated something called intuition with rational calculation and planning?

They point to the wartime experience of industry in promoting scientific discovery—jet aircraft, rockets, the atom bomb—in an unprecedented fashion. In medicine, they say, the use of sulfa drugs and penicillin was perfected during the last war. The psychiatrist, driven by an urgent need to help numerous cases of combat fatigue, invented new methods of treatment, and made psychotherapy more rational and effective. All this was planned, systematic research.

Thus, defenders of autonomous research are looked upon as esoteric sentimentalists or "intellectual snobs."

But the real scientist is not a snob. His humility is in sharp contrast to the self-assurance of the industrialist or business executive who deals only with known quantities. Science is a continuous groping in the dark—an unending struggle against an infinite object, the unknown.

Is the scientist, then, a strange and delicate species devoted to esoteric hobbies, who must be handled as gingerly as a prima donna? He is not. In fact, the scientist's attitude can be compared to the artist's. As the artist is motivated by an internal creative urge, so the scientist is motivated by a creative curiosity. He must understand those puzzles

XUM



for improved geriatric appetite

Cynal

5-fold ORAL B_{12} absorption

Ion-exchange B_{12} provides unique superiority over previous oral forms of the vitamin. Present in Cynal as L. B.®12, ion-exchange B_{12} protects against gastric destruction and provides up to 5 times the usual oral absorption.[1]

With vitamin B_{12} therapy, beneficial effects on appetite and well-being have been observed in patients showing marked deficiency. In the aged, deficiencies of B_{12} are common[1] and have been rapidly corrected[1] with ion-exchange B_{12} therapy.

Cynal provides not only generous amounts of B_{12} but also, B_1 and B_6 as valuable adjuncts to absorption.[2]

EACH "CHERRO-CHEW" TABLET CONTAINS:

Thiamine mononitrate (vitamin B_1)	10 mg.
Vitamin B_{12} (as L. B.®12*)	25 mcg.
Pyridoxine hydrochloride (vitamin B_6)	5 mg.

*Lloyd's absorption-enhancing complex of vitamin B_{12} (B_{12} from Cobalamin Concentrate).

DOSE: One tablet per day.

SUPPLIED: Bottles of 50 "Cherro-Chew" tablets.

REFERENCES: 1. Chow, B. F.: Gerontologia 2:213-221, 1958 2. Chow, B. F., et al.: Am. J. Clin. Nutrition 6:386, 1958.

LLOYD BROTHERS, INC.

CINCINNATI 3, OHIO

that nature offers. And satisfaction of this curiosity is an aim in itself, not subordinated to anything else.

Close study of fundamental discoveries of the past demonstrates that they are frequently made unexpectedly as the result of sudden insight (often called "intuition" or "inspiration"). A classical example is Kekule's discovery of the carbon ring, the cornerstone of modern organic chemistry. Our whole chemical industry would be unthinkable without this initial discovery. Let me quote Kekule:

"I dozed off. Atoms began to tumble before my eyes. Smaller groups held themselves modestly in the background. Long, more cohesive rows appeared; they moved like snakes turning and twisting. And then suddenly one snake grabbed his own tail and twisted mockingly before my eyes. And as if struck by lightning I awoke and spent the rest of the night working out my hypothesis."

The snake biting his own tail was the carbon ring, the clue to understanding a vast number of unknown facts. This idea created the whole new branch of stereochemistry. Obviously, Kekule was immersed at the time in ideas about the structure of organic compounds; he was ready for this brilliant solution achieved during relaxation.

Many other scientists give similar testimony. Scientific discoveries are often made seemingly by accident. Galvani's discovery of the electrical current while studying the behavior of muscle contractions is a good example. The discovery of penicillin is another. In this case, Sir Alexander Fleming, the Scottish bacteriologist, noticed that bacterial colonies on discarded agar plates were disintegrating in the neighborhood of a mold, often seen on old agar plates. Only a mind trained in methodical observation and reasoning

XUM



LET US PROVE:

This office machine does more jobs than any other!

DOCTOR. We'll prove it in your office: The versatility of "Thermo-Fax" Brand Copying Machines can't be matched. You'll see *statements* turned out at the rate of 250 an hour, *gummed labels* addressed instantly, *correspondence* answered in seconds, *laminating* done quickly and economically. Plus many additional jobs impossible with other machines. To see the many ways you'll save, call your local dealer or mail the coupon now.

Thermo-Fax®

COPYING MACHINES

Thermo-Fax® COPYING PRODUCTS 3M

THE TERM "THERMO-FAX" IS A REGISTERED TRADEMARK OF 3M COMPANY

Minnesota Mining and Manufacturing Company
Dept. DBN-1170, St. Paul 6, Minnesota

At no obligation, I'm interested in seeing a "Thermo-Fax" Copying Machine simplify the jobs I've circled. Statements Laminating Gummed Labels Correspondence General Copying

Name

Address

City Zone State

MINNESOTA MINING AND MANUFACTURING COMPANY
. . . WHERE RESEARCH IS THE KEY TO TOMORROW

XUM

could have had the instantaneous insight needed to recognize that mold inhibits bacterial growth. This basic discovery made possible systematic studies that resulted in today's wide practical use of penicillin.

Considering the countless number of chemical substances in nature, how could the antibacterial effect of penicillin have been planfully discovered? Or, before electricity was discovered, wouldn't it have been nonsensical to sponsor a project to discover in nature a force by which light and heat could be generated for ordinary daily use?

This does not mean, of course, that scientific knowledge is not the result of the highly collaborative effort of many scientists. But its development does not and cannot take place through systematic planning and organization.

Scientific development should be compared with organic growth rather than with the fixed routine of following a blueprint. It takes place about like this:

In France, a scientist proposes a new theory based on a new observation. This arouses the interest of a research worker in England who needed just this new view to explain a puzzle he had encountered within his own, perhaps different, field. Now he can make a further step in his investigative work; and this, in turn, stimulates the studies of an investigator in America. Sometimes the needed piece of information is supplied by work done in the past: A long-forgotten isolated observation may gain sudden significance when applied to a newly discovered fact.

The pieces of knowledge fitted together in the exciting jigsaw puzzle of science may come from different fields. A biological fact may throw light upon a problem in physics. The most fundamental principle of modern physics—the

XUM

even if your patient is a whip snapper*

he'll soon be riding high again, thanks to

PARAFON®

(PARAFLEX® + TYLENOL®)

for muscle relaxation plus analgesia

in arthritis

PARAFON® with Prednisolone

McNEIL McNeil Laboratories, Inc. Philadelphia 32, Pa.

prescribe PARAFON in low back pain—sprains—strains—rheumatic pains

Each PARAFON tablet contains:

PARAFLEX® Chlorzoxazone† ..... 125 mg.
The low dosage skeletal muscle relaxant

TYLENOL® Acetaminophen ..... 300 mg.
The superior analgesic in musculoskeletal pain

Dosage: Two tablets t.i.d. or q.i.d.

Supplied: Tablets, scored, pink, bottles of 50.

Each PARAFON with Prednisolone tablet contains: PARAFLEX® Chlorzoxazone† 125 mg., TYLENOL® Acetaminophen 300 mg., and prednisolone 1.0 mg.

Supplied: Tablets, scored, buff colored, bottles of 36.

Dosage: One to two tablets t.i.d. or q.i.d.

Precautions: The precautions and contraindications that apply to all steroids should be kept in mind when prescribing PARAFON with Prednisolone.

*tailman on hook-and-ladder fire engine

†U.S. Patent No. 2,893,877



XUM

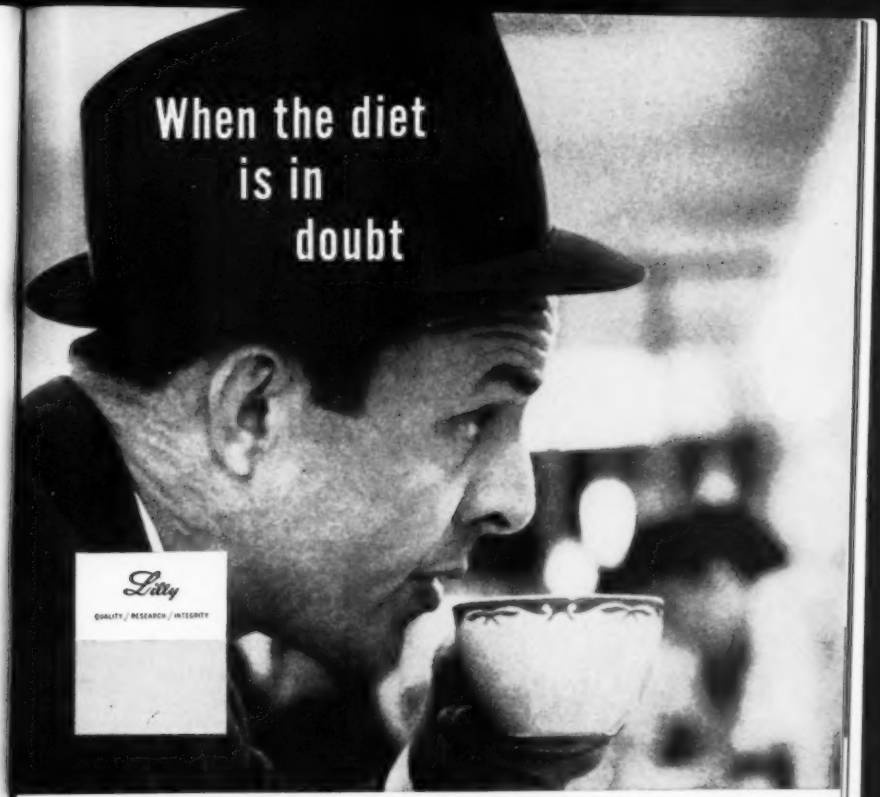
law of conservation of energy—was discovered by a medical man, Robert Mayer, through his observations of animal heat. Cross-fertilization between individual scientists and between different scientific fields goes on every day in the small community that makes up the world of science.

The frontiers of the unknown are unlimited, and the chances of making a new step are increased by the number of minds working individually on the same problem. What one man might overlook, the other might see. Economically planned and systematic organization of research is possible and desirable only when the time is ripe, to apply well-explored principles to a new use. The atomic bomb is an example. All the necessary fundamental knowledge had been made available by several decades of unorganized creative research. To impose organization upon research in a field not yet ripe for it is not only futile but retarding. The real creative step is an unconscious process requiring neither planning nor goal-conscious effort, but a relaxed attitude.

The best promotion of science, then, is to create for the scientist an atmosphere in which this mental act is most likely to occur. Systematic teamwork geared for definite circumscribed aims, deadlines required by grants given for definite purposes for a fixed number of years, and any other external pressure diminish the chances for inspiration.

This may sound preposterous in these days of man-hours and time-clocks. But, whether we like it or not, man's creative activities cannot be so regulated; they must be left free.

All this does not contradict the fact that existing knowledge can be systematically developed for certain practical purposes. But only experts can decide when a field is ripe for organized and planned research—and even experts may



MULTICEBRIN®... day-to-day multiple vitamin protection for your "well" patients

Excellent nutrition is basic to good health. Yet many busy adults, even those who can afford to eat substantially, ". . . subsist on diets that are inadequate in vitamin content to meet their requirements. To protect them against the development of vitamin deficiencies, it is necessary to resort to the use of supplemental vitamin therapy, in addition to diet instruction and nutrition education."[1]

Multicebrin provides comprehensive vitamin supplementation. Its formula is carefully standardized to meet the most rigid specifications for potency and stability. Protect your patients whose diets are in doubt by prescribing one Gelseal® Multicebrin a day.

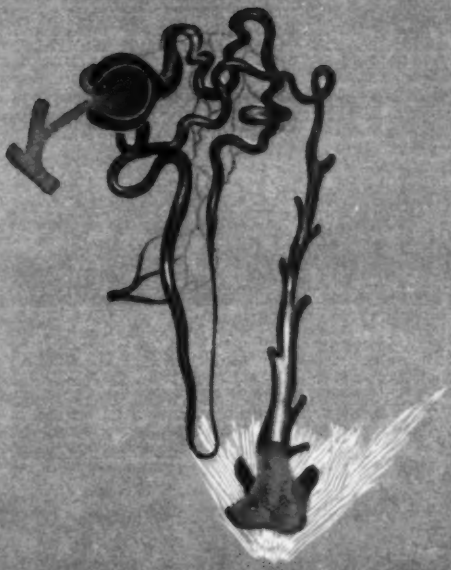
1. Goodhart, R. S.: Vitamin Therapy Today, M. Clin. North America, *40*:1473, 1956.

Multicebrin® (pan-vitamins, Lilly)

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

601500

XUM



on the pathogenesis of pyelonephritis

"An inflammatory reaction here [renal papillae] may produce sudden rapid impairment of renal function. One duct of Bellini probably drains more than 5000 nephrons. It is easy to see why a small abscess or edema in this area may occlude a portion of the papilla or the collecting ducts and may produce a functional impairment far in excess of that encountered in much larger lesions in the cortex."[1]

Recent experimental evidence in animals strongly supports the view that obstruction of the tubules in the medulla, as opposed to the cortex, predisposes the kidney to pyelonephritis,[2] and "... as few as 10 organisms injected into the medulla were capable of causing infection."[3]

The "exquisite sensitivity"[4] of the medulla to infection highlights the importance of obstruction to the urine flow in the pathogenesis of pyelonephritis. "There is good cause to support the belief that many, perhaps most, cases of human pyelonephritis are the result of infection which reaches the kidney from the lower urinary tract."[5]

An agent, such as FURADANTIN, which has a specific affinity for the urinary tract and which is actively excreted by the cells of the tubules, as well as of the glomeruli,[6] is particularly suited to meet the problems posed by the pathogenesis of pyelonephritis and the primary pathways of infection.

in pyelonephritis

to eradicate the pathogens
no matter the pathway

FURADANTIN®

brand of nitrofurantoin

high urinary concentration
glomerular filtration
tubular excretion

effective at glomerular and tubular levels: In addition to simple glomerular filtration, FURADANTIN is actively excreted by the tubule cells.

rapid antibacterial action: Antibacterial concentrations of FURADANTIN are in the urine in 30 minutes.

broad bactericidal spectrum: FURADANTIN is bactericidal against a wide range of gram-positive and gram-negative bacteria including certain organisms resistant to other agents.

free from resistance problems: Development of bacterial resistance to FURADANTIN has not been a problem in over 8 years of extensive clinical use.

well tolerated—even after prolonged use: FURADANTIN is nontoxic to kidneys, liver and blood-forming organs. No monilial superinfection, staphylococcic enteritis, proctitis or anovulvar pruritus has ever been reported.

no cross resistance or cross sensitization with other drugs: FURADANTIN, a synthetic nitrofuran, is unrelated chemically to any other class of antimicrobial drugs; cross resistance or cross sensitization does not occur.

AVERAGE FURADANTIN ADULT DOSAGE: 100 mg. tablet q.i.d. with meals and with food or milk on retiring. SUPPLIED: Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

REFERENCES: 1. Schreiner, G. E.: A.M.A. Arch. Int. M. **102**:32, 1958. 2. Rocha, H., et al.: Yale J. Biol. & Med. **32**:120, 1959. 3. Freedman, L. R.: Yale J. Biol. & Med. **32**:272, 1960. 4. Freedman, L. R., and Beeson, P. B.: Yale J. Biol. & Med. **30**:406, 1958. 5. Rocha, H., et al.: Yale J. Biol. & Med. **30**:341, 1958. 6. Paul, M. F., et al.: Am. J. Physiol. **197**:580, 1959.

NITROFURANS—a *unique* class of antimicrobials

EATON LABORATORIES, DIVISION OF THE NORWICH PHARMACAL COMPANY
NORWICH, NEW YORK

differ. In the study of cancer, for instance, planned research has proven relatively fruitless so far. It would not be surprising at all if the next development came, not from investigations within the restricted field of cancer research, but from research in the basic biological sciences.

Thus, both the history of the natural sciences, and the testimony of the scientists themselves, support the view that basic scientific research is an aim in itself, and that it springs from the scientist's passion for knowledge for its own sake. This view contradicts the totalitarian interpretation of science, which subordinates science to the needs of society.

The argument that the scientist has an obligation toward society and must therefore concentrate his efforts on promoting welfare is a fallacious one. If applied, it would undermine the development of science. The scientist's main interest is to learn about the things he studies; if he helps society by it, so much the better. If other men use the discoveries of science for destructive purposes, it is not the fault of the scientist. No one can demand that he discover only harmless and useful things.

Discoveries in themselves are neither useful nor harmful. The industrialists, the politicians, and the diplomats are the ones who make them useful or harmful. Without war, for instance, atomic knowledge would never have been used for destruction. And it is the threat of war that interferes with free research in harnessing nuclear forces for peacetime purposes.

To hold the scientists responsible for the abuse of their discoveries is nonsensical. The punishment of Prometheus for teaching mankind the secret of fire was a miscarriage of justice. The culprit was not the scientist, but mankind. END

IN ANXIETY

—RELAXATION RATHER

THAN DROWSINESS

'Stelazine' has little if any soporific effect. "... patients who reported drowsiness as a side effect mentioned that they did not fall asleep when they lay down for a daytime nap. It is quite possible that, in some instances, 'drowsiness' was confused with unfamiliar feelings of relaxation."[1]

Available for use in everyday practice: Tablets, 1 mg., in bottles of 50 and 500; and 2 mg., in bottles of 50.

N.B.: For information on dosage, side effects, cautions and contraindications, see available comprehensive literature, PDR, or your S.K.F. representative.

STELAZINE®

brand of trifluoperazine

1. Goddard, E.S.: in *Trifluoperazine, Further Clinical and Laboratory Studies*, Philadelphia, Lea & Febiger, 1959.

SMITH KLINE & FRENCH

leaders in psychopharmaceutical research



XUM

Misconceptions about aged afflict even the A.M.A.

A survey "emphatically proving" that most people over 65 don't want Government-paid medical care has been giving the A.M.A. some bad moments. Last summer, in its fight against Forand-type legislation, the association gave wide publicity to the survey's findings. Now some of the people who worked on the study have pointed out that most of the people included in the sample were well-heeled oldsters—a fact the A.M.A. didn't mention. Here's the story:

In mid-August, Professors James W. Wiggins and Helmut Schoeck of Emory University reported on a personal-interview survey of 1,492 people over 65. (The study had been financed by a California organization, the Foundation for Voluntary Welfare.) Professors Wiggins and Schoeck had drawn up a questionnaire and a sample of the types of people to be interviewed, then had parceled out the interviewing to twenty-five sociology professors around the country. According to their findings, 61 per cent of the surveyed oldsters had health insurance, and some 90 per cent said that they had no unmet medical problems.

The A.M.A. immediately issued a press release detailing the survey's findings and terming the Emory study a refutation of "some dangerous misconceptions about the aged." It indicated, said the association, that most noninstitutionalized old people "are in good health . . . and are in moderately good financial condition." What the release *didn't* say was that the study excluded all nonwhites and all people on public assistance—an estimated 18½ per cent of the total over-65 population.

Now twelve of the twenty-five sociologists who supervised the interviews have told a Senate subcommittee they won't support the claims made about the study. Says one of them: "The persons interviewed represented the financial élite of the older population. The A.M.A. news release publicizing the survey ignored these qualifications. It presented data on a restricted sample as if it were representative of the aged population in general."

When asked for an explanation of this charge, a member of the A.M.A.'s public relations staff said: "We knew about the sample



A TRUE SOLUTION FOR FAST RELIEF OF RHINITIS...

NEO-HYDELTRASOL®

PREDNISOLONE 21-PHOSPHATE WITH PROPADRINE®, PHENYLEPHRINE AND NEOMYCIN

NASAL SPRAY

■ The only nasal spray with prednisolone 21-phosphate in true solution—to make more steroid available more promptly ■ The complementary activity of 2 nasal decongestants—Propadrine® and phenylephrine ■ The potent, quick-acting antibiotic—neomycin . . . with minimal 'rebound' engorgement ■ Supplied in 15cc. plastic spray bottles ■ Neo-Hydeltrasol and Propadrine are trademarks of Merck & Co., Inc.

MSD MERCK SHARP & DOHME
Division of Merck & Co., Inc., West Point, Pa.

XUM

when we wrote the press release. But we're not sociologists. We assumed that these groups wouldn't have made any difference in the survey findings. The omission wasn't intentional. We had nothing to do with the survey—financially or otherwise—before it was released. Naturally, when we heard about it, we wanted to publicize it, because it conformed to our position on the aged."

Was the Wiggins-Schoeck study ever intended to cover a representative cross-section of the aged? Says Professor Wiggins: "We were concerned with the 'normal' aging population. We realize, of course, that this eliminates a substantial portion of the extremely low-income people. But they've been covered adequately in other studies."

The A.M.A. points out that the Forand bill was designed specifically for people on Social Security, not for people on relief. In a statement that bears out Professor Wiggins' view, it says:

"The Forand-Kennedy group has based its campaign for compulsory help for the aged on the false premise that older citizens, *exclusive of those on public assistance,* need this help because of their low-income status. The Wiggins-Schoeck study is completely representative of the very group about which there has been so much controversy." END

No soap

When I was an interne on emergency-room duty, a badly lacerated drunk was brought in late one Saturday night. As I started to examine him, I discovered that his undershirt was filthy; I'm sure he hadn't changed it in at least two weeks. Being tired and a little irritable by then, I snapped: "For crying out loud, don't you ever change your underwear?" His answer was utterly logical: "How in hell did *I* know I was going to have an accident?"

—WILFRED LANSMAN, M.D.

XUM



MODEL 100M MOBILE VISO-CARDIETTE

$895 delivered,
Continental U.S.A.

THIS IS THE NEWEST Sanborn electrocardiograph — complete with all accessories in a fully mobile, east-to-roll cabinet version. A single Model 100M "Mobile Viso" can easily serve several locations within a clinic or hospital, and perfectly answers the need for instrument storage away from the point of use. The highly developed design of this modern instrument also provides fully diagnostic cardiograms at either of two chart speeds (25 and 50 mm/sec), sensitivity settings of ½, 1 or 2 times normal, fully automatic stylus stabilization during lead switching, pushbutton grounding, jacks for recording and monitoring non-ECG inputs in conjunction with other equipment. The cabinet is available in either handsome mahogany or exceptionally durable, stain-resistant plastic laminate.

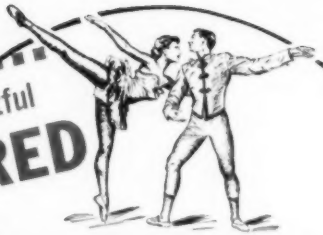
The same basic instrument — with identical circuitry — is also manufactured as a *desk-top instrument*, designated *Model 100 Viso-Cardiette*. A third choice in Sanborn ECG'S is also offered, for the physician whose practice demands *maximum portability:* the 18-pound "briefcase" size *Model 300 Visette*. All are proven Sanborn electrocardiographs, reflecting more than four decades of experience in the manufacture of medical instrumentation.

MEDICAL DIVISION

SANBORN COMPANY

175 WYMAN STREET, WALTHAM 54, MASS.

NOW...
also in Delightful
FLAVORED
FORM



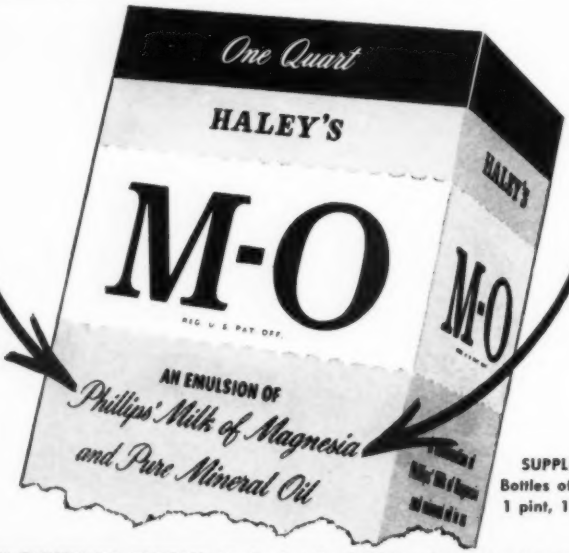
Smooth-Working Combination

TO HELP CORRECT CONSTIPATION

Antacid • Laxative • Lubricant

Magnesium Hydroxide plus pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that efficaciously relieves constipation and the attendant gastric hyperacidity.

The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.



SUPPLIED:
Bottles of 8 oz., 1 pint, 1 quart.

THE CHAS. H. PHILLIPS CO. DIVISION *of Sterling Drug Inc.* **1450 Broadway, New York 18, N. Y.**

Index of advertisers

Page number in parenthesis refers to product listings in Physician's Desk Reference or supplement published by MEDICAL ECONOMICS, INC.

Abbott Laboratories
Calcidrine (*PDR 603*) 53
Compocillin-VK (*PDR 603*) 86, 87
Dayteens 116, 117
Filmtab Erythrocin (*PDR 606*)...276, 277
Iberol (*PDR 607*) } Insert between 332, 333
Selsun (*PDR 612*) }
American Meat Institute
Meat 321
Ames Company, Inc.
Uristix (*PDR 617*) 132
Armour Pharmaceutical Company
Chymar (*PDR 620*) 181
Chymoral (*PDR Supp.*) 303
Ayerst Laboratories
"Beminal" Forte (*PDR 625*) 28
"Maturan" 202, 203, 254, 255
"Thiosulfil" Forte (*PDR Supp.*)
..... Insert between 274, 275

Birtcher Corp., The
Hyfrecator 237
Bristol Laboratories
Tetrex Capsules 225
Brown Schools, The
Schools for Mentally-Retarded and Emotionally-disturbed Children & Adults 218
Burroughs Wellcome & Co., Inc.
"Fedrazil" Tablets (*PDR 747*) 168

Camp & Co., S. H.,
Prenatal Supports 182
Chemico Labs., Inc.
Symposium on the Treatment of Viral Diseases 329
Ciba Pharmaceutical Products, Inc.
Doriden (*PDR 654*) 29
Esidrix-K (*PDR Supp.*) 197
Otrivin (*PDR 657*) 8
Priscoline Lontab (*PDR 658*).....339
Ser-Ap-Es (*PDR Supp.*) 250,251
Serpasil-Apresoline (*PDR 659*) 183
Singoserp-Esidrix (*PDR Supp.*) 361
Colwell Company, The
Daily Log 226

Desitin Chemical Company
Desitin Hemorrhoidal Suppositories with Cod Liver Oil } .41
Desitin HC Hemorrhoidal Suppositories with Hydrocortisone }
Dubin Laboratories
Aminophylline (*PDR 670*) 218

Eaton Laboratories
Furacin (*PDR 670, 671 & Supp.*)
.....10, 21, 249, 265, 363
Furadantin (*PDR 671*) 350, 351
Endo Laboratories
Hycomine Syrup (*PDR 673*) 147
Erdman & Associates, Inc., Marshall
Custom manufactured medical buildings 169

Fleet Co., Inc., C. B.,
Fleet Enema Pediatric (*PDR 675*) ...157
Phospho-Soda (*PDR 675*) 156
Florida Citrus Commission
Fresh Lemons 69

Gebauer Chemical Company, The
Ethyl Chloride 230
Geigy Pharmaceuticals
Prelu-Vite (*PDR Supp.*) 219
Green Shoe Mfg. Co.
The StrideRite Shoe 271

Hankscraft Company
Vaporizer 126

Kinney & Company
Chel-Iron (*PDR 688*) 55
Emetrol (*PDR 689*) 270
Knox Gelatine Co., Inc., Chas. B.,
Gelatine 36, 37

Lederle Laboratories
Achrocidin (*PDR 693*).....125
Aristogesic Capsules (*PDR 695*)..304, 305
Declomycin (*PDR 695, 696*)
.....161, 162, 163, 164
Declostatin (*PDR Supp.*) 196, 302
Gevrabon (*PDR 697*)
Gevral Capsules (*PDR 697*) } .310, 311
Gevral-T Capsules (*PDR 698*)
Stresscaps (*PDR 702*) 178
Vi-Tyke (*PDR 704*) ...96, 216, 264, 328
Leeming & Co., Inc., Thos.,
Ben-Gay 319
Metamine Sustained (*PDR 704*) 257
Lilly & Company, Eli,
En-Cebrin (*PDR Supp.*) 133
Darvon Compound (*PDR 708*)
Darvon Compound-65 (*PDR Supp.*) } .. 45
Ilosone Pulvules 208, 209
Mi-Cebrin T (*PDR 713*) 207
Multicebrin (*PDR 713*) 349
Trinsicon (*PDR 716*) 227
V-Kor (*PDR 718*) 193

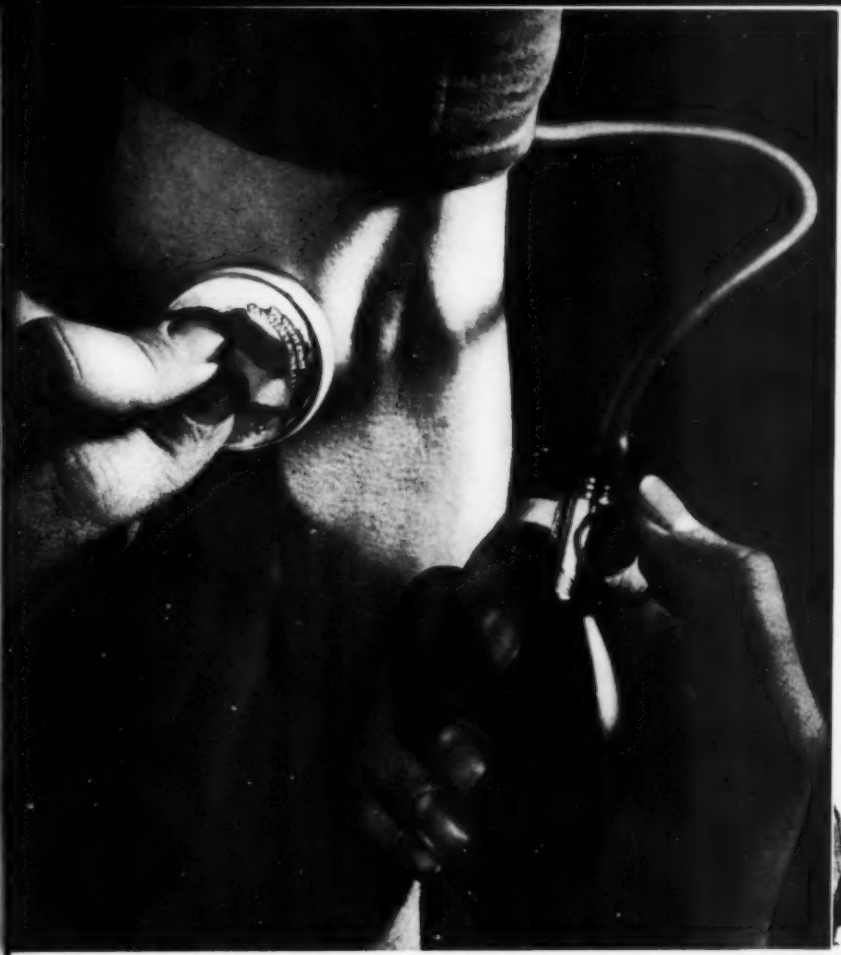
Lloyd Brothers, Inc.
Cynal (*PDR Supp.*) 343

McAlister Trans-continental Leasing
Auto Leasing 309
McNeil Laboratories, Inc.
Butibel (*PDR 726*) 85
Parafon (*PDR 728*) ..... } .347
Parafon with Prednisolone (*PDR 729*) }
Maltbie Laboratories
Dornwal (*PDR Supp.*) 300, 301
Mead Johnson & Company
Lactum (*PDR 730*) 16
Natalins Tablets (*PDR 731*) 308
Medical Protective Company, The
Professional Liability Individual Insurance 238
Merck, Sharp & Dohme
Decadron (*PDR 735*) .....IBC
Diuril (*PDR 735*) 150, 151
Hydeltra-T.B.A. (*PDR 737*) 233
HydroDIURIL (*PDR 737*) 280, 281
Hydropres (*PDR 737*) 34, 35
Neo-Decadron Cream (*PDR 740*) 307
Neo-Hydeltrasol Nasal Spray(*PDR 740*) 355
Striatran (*PDR Supp.*) 210, 211
Topical Aerosol Decaspray (*PDR Supp.*) 128, 129
Merrell Company, The Wm. S.,
Alertonic (*PDR 742*) .....IFC
Kolantyl (*PDR 744*) 284, 285
Mer/29 (*PDR Supp.*) 204, 205
Minnesota Mining & Mfg. Co.
Scotch Surgical Tape Microporous (No. 530) 189, 190, 191
Thermo-Fax Copying Machines 345

Parke Davis & Company
Ambenyl Expectorant (*PDR 758*) ..82, 83
Chloromycetin (*PDR 759*).....170, 171
Myadec (*PDR 762*) 63
Norlutin (*PDR 762*) 258, 259
Pfizer Laboratories
Ataraxoid (*PDR 767*) 220, 221
Bonine (PDR 767) 95
Cosa-Signemycin (*PDR 768*) 100, 101
Diabinese (*PDR 768*) 72, 73
Moderil (*PDR 769*) 290, 291
Terra-Cortril Topical Ointment (*PDR 770*) 174, 175
Terramycin Intramuscular Solution (*PDR Supp.*) 243,
Insert between 242, 243
Tyzine (*PDR 771*) 142, 143
Vistaril Parenteral Solution (*PDR 772*) 158, 159
Phillips Chemical Co., Chas., H.,
Haley's M-O 358
Pitman-Moore Company
Novahistine-LP 67

Riker Laboratories, Inc.
ULO Syrup 200, 201
Robins Company, Inc., A. H.,
Adabee } 266, 267
Adabee-M }
Ambar Extentabs (*PDR 784*) 177
Donnagel (*PDR 785*) 127
Pabalate } (*PDR 786*) 33
Pabalate-HC }
Robitussin } (*PDR 787*) 3
Robitussin A-C }
Roche Laboratories
Librium (*PDR Supp.*) 272, 273
Madribon (*PDR 790*) 22, 23
250 mg. Tigan Capsules (*PDR Supp.*) 247
Roerig & Company, J. B.,
Atarax (*PDR 795*) 114, 115
Enarax (*PDR 796*) 217
Maxipen 262, 263
Rorer, Inc., Wm. H.,
Ascriptin (*PDR 798*) 327
Maalox (*PDR 798*) 139
Roussel Corporation
Pro-Duosterone (*PDR 799*) 260

Sanborn Company
Mobile Electrocardiograph 357
Sandoz Pharmaceuticals
Bellergal Spacetabs (*PDR 801*) 279
Fiorinal (*PDR 802*) 99
Mellaril (*PDR 802*) 70, 71
Plexonal (*PDR 803*) 228, 229
Schering Corporation, The
Alpen (*PDR Supp.*) 14
Deronil (*PDR 806*) 253
Scholl Mfg. Co., Inc., The
Double Seal Porous Adhesive Tape ...289
Searle & Co., G. D.
Enovid (*PDR 810*) 194, 195
Probital (*PDR Supp.*) 166, 167
Sherman Laboratories
Protamide (*PDR 813*) 362
Smith-Dorsey
Kanulase (*PDR Supp.*) 65
Tain 93, 335
Triaminicol Syrup (*PDR 814*) 12
Trisulfaminic (*PDR 814*) 236
Tussagesic (*PDR 814*) 27
Tussaminic Expectorant 184, 185
Smith, Kline & French Laboratories
Combid (*PDR 815*) 173
Compazine Spansule (*PDR 816*) .154, 155
Daprisal (*PDR 817*) 231
Dexamyl Spansule (*PDR 817*) 49
Dexedrine Spansule (*PDR 818*) 48
Eskatrol Spansule (*PDR Supp.*) 30
Feosol Spansule (*PDR 819*) 295
Ornade (*PDR Supp.*) .....BC
Stelazine (*PDR 820*) 353
Temaril (*PDR 821*) 61
Trophite (*PDR 822*) 165



potentiated therapy for mild to moderate hypertension

Consider the benefits of Singoserp-Esidrix if it's mild to moderate hypertension (especially if edema is a complicating symptom). Singoserp, a man-made analog of reserpine, lowers blood pressure but seems to cause fewer side effects than natural rauwolfia compounds. When Singoserp is potentiated by Esidrix, blood pressure is lowered more effectively than with single-drug therapy. SUPPLIED IN TWO STRENGTHS: Singoserp-Esidrix *Tablets #2* (each containing 1 mg. Singoserp and 25 mg. Esidrix) and Singoserp-Esidrix *Tablets #1* (each containing 0.5 mg. Singoserp and 25 mg. Esidrix). Complete information available on request.



Singoserp®-Esidrix®
(syrosingopine and hydrochlorothiazide CIBA)

CIBA
SUMMIT, NEW JERSEY

Squibb & Sons, E. R.,
Mysteclin-F (*PDR Supp.*) 97
Pentids (*PDR 833*) 5, 287, 306
Rautrax-N (*PDR Supp.*) 51

Strasenburgh Co., R. J.,
Biphetamine } (*PDR 840*) 137
Ionamin }
Tussionex (*PDR 841*) 138

Sunkist Growers, Inc.
Fresh Lemons 337

United States Brewers Foundation, Inc.
Low-Purine Diet 84

U. S. Vitamin & Pharmaceutical Corp.
Arlidin (*PDR 849*) 134, 135

Upjohn Company, The
Cytran (*PDR Supp.*) 296, 297
Medaprin (*PDR 860*) 6
Panalba (*PDR 863*) 324, 325

Vestal, Inc.
Septisol with Hexachlorophene 176

Wallace Laboratories
Deprol (*PDR 870*) 56, 57
Meprospan (*PDR Supp.*) 18
Milpath (*PDR 870*) 235
Milprem (*PDR 870*) 240, 241
Miltown (*PDR 870*) 140, 141
Miltrate (*PDR 871*) 323
Soma (*PDR 871*) 118, 119
Soma Compound }
Soma Compound + Codeine } ...340, 341
SOMAcort (*PDR Supp.*) 199

Warner-Chilcott Laboratories
Agoral (*PDR 872*) 105
Anusol }
Anusol-HC } (*PDR 872*) 107
Biomydrin (*PDR 872*) 109
Choledyl (*PDR 872*) 299
Gelusil (*PDR 872*) 111
Proloid (*PDR Supp.*) 239
Tedral (*PDR 874*) 113

Warren-Teed Products Company, The
Chymolase (*PDR Supp.*) 286

Westwood Pharmaceuticals
Fostex (*PDR 877*) 292

Whitehall Laboratories
Anacin 152

Winthrop Laboratories
NTZ Nasal Spray (*PDR 883*) 215

"R Day" *for the neuritis patient can be tomorrow*

"R Day"—when pain is relieved—can come early for patients with inflammatory (non-traumatic) neuritis by starting treatment with Protamide promptly after onset.

Published reports* of 374 neuritis patients treated with Protamide during the first week of symptoms show that 60% required only 1 or 2 daily injections and 96% experienced excellent or good results with 5 or less injections.

By keeping a supply of Protamide on hand for use at a neuritis patient's first visit, you may be able to speed his personal "R Day"—followed quickly by full recovery and return to normal activities.

Available at pharmacies and supply houses in boxes of ten 1.3 cc. ampuls.

PROTAMIDE®

REFER TO PDR PAGE 813

Sherman Laboratories
Detroit 11, Michigan

*N.Y. Med. 8:16, 1952; Northwest Med. 75:1249, 1955.



In clinical use for more than 13 years and today the most widely prescribed single topical antibacterial, FURACIN *retains undiminished potency against pathogens such as staphylococci that no longer respond adequately to other antimicrobials.* FURACIN *is gentle, nontoxic to regenerating tissue, speeds healing through efficient prophylaxis or prompt control of infection. Unique water-soluble bases provide thorough penetration, lasting activity in wound exudates, without "sealing" the lesion or macerating surrounding tissue.*

the broad-spectrum
bactericide exclusively
for topical use

FURACIN®

brand of nitrofurazone

in dosage forms for every topical need

Soluble Dressing / Soluble Powder / Solution / Cream / HC Cream (with hydrocortisone) / Vaginal Suppositories / Inserts / FURESTROL® Suppositories (with diethylstilbestrol) / Special Formulations for Eye, Ear, Nose

EATON LABORATORIES, Division of The Norwich Pharmacal Company, NORWICH, NEW YORK

Memo *from the editors*

You need personal counsel too

Now that the business side of medicine has been revealed as a $19-billion-a-year enterprise,* you'd better take a fresh look at your sources of business advice. Only a minority of physicians appear to be using all available sources to the extent they should.

Where *do* physicians turn when they need help with their practice-connected business problems? After interviewing hundreds of private practitioners in 1958, the Alfred Politz research organization answered that question as follows:

Source of help	% of M.D.s using source
MEDICAL ECONOMICS	68%
Other physicians	62
Accountants	44
Tax consultants	44
Lawyers	40
Books	37
Insurance advisers	34
Professional associations	30
Investment advisers	22
Patients, relatives, friends	22
Management consultants	13

Yes, this magazine was ranked first, even ahead of *people*. We're glad it's so helpful. But don't overlook the other sources listed. *You could profitably use one of each.*

For example, a good tax consultant can translate your special circumstances into the largest legitimate tax deductions. A good lawyer can tell you how your state laws affect wills, trusts, etc. A good insurance man can help you compare the specific policies you've got with what you ought to have. A good investment man can do the same with your stocks and bonds, and a good management consultant—if available in your area—can critically review your whole practice. None of these things can be done by a national magazine.

MEDICAL ECONOMICS tries to give you the best broadly applicable business advice. To narrow it down to your own case, all five personal advisers mentioned may be well worth what they cost. The tab may total $1,500 to $2,500 a year. But you're likely to get your money back—and more—in tax savings, time savings, a better return on your capital, and a better return from your practice. END

*See Memo From the Editors, MEDICAL ECONOMICS, Sept. 12, 1960.

XUM

CLINICAL REMISSION IN A "PROBLEM" ARTHRITIC

In "escaping" rheumatoid arthritis. After gradually "escaping" the therapeutic effects of other steroids, a 52-year-old accountant with arthritis for five years was started on DECADRON, 1 mg./day. Ten months later, still on the same dosage of DECADRON, weight remains constant, she has lost no time from work, and has had no untoward effects. She is in clinical remission.*

New convenient b.i.d. alternate skipper schedule. The degree and extent of relief provided by DECADRON allows for b.i.d. maintenance dosage in many patients with so-called "chronic" conditions. Acute manifestations should first be brought under control with a t.i.d. or q.i.d. schedule.

Supplied: As 0.25 mg. and 0.5 mg. scored, pentagon-shaped tablets in bottles of 100. Also available as fluorinol DECADRON Phosphate. Additional information on DECADRON is available to physicians on request. DECADRON is a trademark of Merck & Co., Inc.

*From a clinical investigator's report to Merck Sharp & Dohme.

Decadron

TREATS MORE PATIENTS MORE EFFECTIVELY

MERCK SHARP & DOHME - Division of Merck & Co., INC., West Point, Pa.



how ORNADE® SPANSULE®

Brand of sustained release capsules

relieves nasal congestion all day or all night in patients with colds

Before taking 'Ornade'
Note enlargement of middle turbinate, partially occluding nostril, and moderate erythema of mucous membrane with mucous exudation.



12 hours after taking 'Ornade'
Note that patency of airway is maintained. Also, that turbinate has shrunk to small portion at left, revealing posterior surface of septum.



'Ornade' *Spansule* capsules provide prompt relief of nasal congestion and sustain this decongestive effect for as long as 12 hours. 'Ornade' is a unique oral nasal decongestant containing the special drying agent, isopropamide; the decongestant, phenylpropanolamine; the antihistamine, Teldrin® (brand of chlorprophenpyridamine).

Smith Kline & French Laboratories

SKF

XUM

XUM